	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	` '	3) DATE SURVEY COMPLETED	
		HAL001148	B. WING		F 04/4	R 2/2022	
		HALUUT146			04/1	2/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ALAMAN	ICE HOUSE		AND OAKS B TON, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
D 000	Initial Comments		D 000				
	follow-up survey an March 23-25, 2022	ensure Section conducted a d complaint investigation on and March 28, 2022. The eopened with an onsite 11/22-04/12/22.					
D 273	10A NCAC 13F .09	02(b) Health Care	D 273				
		02 Health Care Il assure referral and follow-up and acute health care needs					
	reviews, the facility follow up for 2 of 2 sevidenced by failure of a diet order chan sweet to a regular of (#1); and a referral	et as evidenced by: ons, interviews and record failed to ensure referral and sampled residents (#1, #4) as e to notify the Endocrinologist ge from a no concentrated liet for a resident with diabetes for a resident with orders for d occupational therapy (#4).					
	The findings are:						
	03/02/22 revealed: -Diagnoses include dementia, bi-polar of hypertensionResident #1 was in resided on the Special control of the speci	ent #1's current FL-2 dated d type 2 diabetes, unspecified disorder and essential ntermittently disorientated and cial Care Unit (SCU). no concentrated sweets					
	containing a listing 02/23/22 - 03/23/22	ry Order Report by Category, of residents' diets dated revealed: order from the previous					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
			A. BUILDING:			,
		HAL001148	B. WING			२ 12/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
ALAMAI	NCE HOUSE		ND OAKS B TON, NC 27	OULEVARD 215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 273	Primary Care Provi a start date of 09/1 -There was a stop beside the start date. There was a strike documentation indi NCS diet order for had been stopped. Observation of the 12:05pm for Reside was served green be shrimp, a bowl of rand 3 hushpuppies. Interview with Reside 12:06pm revealed: -She had diabetes an NCS diet to help from getting too hig -She was not served be careful in choos mealtimeShe was told by the offered a Regular of -Her Endocrinologis management and the she have a NCS diet interview with a SC on 03/23/22 at 9:05 -She assisted reside passing out snacks mealsSnacks consisted crackers, potato che double chocolate of the start of the s	der (PCP) for Resident #1 with 1/21. date of 03/18/22 documented ite. It through across the NCS diet cating the previous PCP's Resident #1 dated 09/11/21 lunch meal on 03/23/22 at ent #1 revealed the resident beans, 7 small breaded mayonnaise based coleslaw with unsweetened tea. dent #1 on 03/23/22 at end #1 on 03/23/22 at end #2 on 03/23/22 at end was supposed to be given be keep her blood sugar level gh. and NCS meals, so she tried to ing what foods she ate at exitchen staff the facility only liet and not the NCS diet. Ext (physician specialist for the reatment of diabetes) ordered et. BU personal care aide (PCA) is and revealed: lents with personal care, and residents' plates at of cheese crackers, peanut ips, baked cookies and a ookie with filling in between. betes were served the same	D 273			

Division of Health Service Regulation

STATE FORM 6899 05H211 If continuation sheet 2 of 105

NAME OF PROVIDER OR SUPPLIER A BUNING B WING A BUILDING: R Q4/12/2022 A BUNING A BUNING: R Q4/12/2022 A BUNING A BUNING COMMERCE OR SUPPLIER A BUNING COMPAND AND SOULEVARD BURLINGTON, NC 27215 B WING COMPAND AND SOULEVARD BURLINGTON, NC 27215 PREFIX TAGS PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DEPRICENCY MUST BE PRECEDED BY FULL) PREFIX TAGS PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DEPRICENCY MUST BE PRECEDED BY FULL) PREFIX TAGS PROVIDER'S PLAN OF CORRECTION SHOULD BE (CROSS-REFERRED METION) APPROPRIATE D 273 D 273 D 273 D 273 D 273 D 273 D 274 D 275 D 2		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE	SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER ALAMANCE HOUSE 2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL TAG DEFICIENCY MUST BE PRECEDED BY FILL TAG CROSSREFERENCED TO THE APPROPRIATE DEFICIENCY TAG D273 Continued From page 2 day but she would usually came back asking for 2 more snacks to keep in her nightstand beside her bed. -Resident #1's family also brought cookies and crackers for her to have in her room. -She was not sure what type of diet Resident #1 was ordered. Interview with the Head Cook (HC) on 03/23/22 at 10.05am revealed: -There was an RCS guideline sheet posted on the kitchen bulletin board to use for reference in serving residents with orders for NCS diets. -The ram was an CSS guideline sheet posted on the kitchen bulletin board to use for reference in serving residents with orders for NCS diets. -The facility only offered regular or regular with texture modifications like mechanical soft or chopped meats. -Resident #1's NCS diet order (09/11/21) was discontinued when the new PCP signed an order for a regular diet for Resident #1 on 03/18/22. Interview with the contracted Registered Dietitian (RD) on 03/23/22 at 4.56pm revealed: -There had not been any changes in the facility's decision to not offer the NCS diet to residents. -She knew of no changes coming up for the diets at the facility. -The diets, according to corporate management, were to remain regular with the options of mechanical soft or chopped meats. -She did not offer any suggestions for options for diets other than regular mechanical soft or with				A. BUILDING:			
ALAMANCE HOUSE SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY DE			HAL001148	B. WING	<u> </u>		
CALL	NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 2 day but she would usually came back asking for 2 more snacks to keep in her nightstand beside her bed. -Resident #1's family also brought cookies and crackers for her to have in her room. -She was not sure what type of diet Resident #1 was ordered. Interview with the Head Cook (HC) on 03/23/22 at 10:05am revealed: -The corporate office did not authorize the facility to offer a NCS diet for residents with diabetes. -There was no Registered Dietician planned NCS diet on their meal planning spreadsheet. -There was a NCS guideline sheet posted on the kitchen bulletin board to use for reference in serving residents with orders for NCS diets. -The facility only offered regular or regular with texture modifications like mechanical soft or chopped meats. -Resident #1's NCS diet order (09/11/21) was discontinued when the new PCP signed an order for a regular diet for Resident #1 on 03/18/22. Interview with the contracted Registered Dietitian (RD) on 03/23/22 at 4:58pm revealed: -There had not been any changes in the facility's decision to not offer the NCS diet to residents. -She knew of no changes coming up for the diets at the facility. -The diets, according to corporate management, were to remain regular with the options of mechanical soft or chopped meats. -She did not offer any suggestions for options for diets other than regular mechanical soft or with	ALAMAN	ICE HOUSE					
day but she would usually came back asking for 2 more snacks to keep in her nightstand beside her bed. -Resident #1's family also brought cookies and crackers for her to have in her roomShe was not sure what type of diet Resident #1 was ordered. Interview with the Head Cook (HC) on 03/23/22 at 10.05am revealed: -The corporate office did not authorize the facility to offer a NCS diet for residents with diabetesThere was no Registered Dietician planned NCS diet on their meal planning spreadsheetThere was a NCS quideline sheet posted on the kitchen bulletin board to use for reference in serving residents with orders for NCS dietsThe facility only offered regular or regular with texture modifications like mechanical soft or chopped meatsResident #1's NCS diet order (09/11/21) was discontinued when the new PCP signed an order for a regular diet for Resident #1 on 03/18/22. Interview with the contracted Registered Dietitian (RD) on 03/23/22 at 4:58pm revealed: -There had not been any changes in the facility's decision to not offer the NCS diet to residentsShe knew of no changes coming up for the diets at the facilityThe diets, according to corporate management, were to remain regular with the options of mechanical soft or chopped meatsShe did not offer any suggestions for options for diets other than regular mechanical soft or with	PRÉFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	ULD BE	COMPLETE
-The facility referred to recommendations for foods for residents with diabetes obtained from the American Diabetes Association (ADA)	D 273	day but she would a more snacks to kee bed. -Resident #1's famic crackers for her to -She was not sure was ordered. Interview with the Horosom revealed: -The corporate office to offer a NCS diet -There was no Regulated on their meal posterior residents would be resident would be resident work and the facility only off texture modification chopped meatsResident #1's NCS discontinued when for a regular diet for the little with the control of the little with the littl	usually came back asking for 2 ep in her nightstand beside her illy also brought cookies and have in her room. what type of diet Resident #1 Head Cook (HC) on 03/23/22 at the did not authorize the facility for residents with diabetes. pistered Dietician planned NCS planning spreadsheet. guideline sheet posted on the lard to use for reference in with orders for NCS diets. Fered regular or regular with his like mechanical soft or 18 diet order (09/11/21) was the new PCP signed an order for Resident #1 on 03/18/22. Fontracted Registered Dietitian at 4:58pm revealed: In any changes in the facility's resident to residents. In anges coming up for the diets and to corporate management, and the properties of the				

Division of Health Service Regulation STATE FORM

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		HAL001148	B. WING	· · · · · · · · · · · · · · · · · · ·		2/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ALAMAN	ICE HOUSE		ND OAKS B TON, NC 27	OULEVARD 215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
D 273	Continued From pa	ge 3	D 273			
	03/24/22 at 9:50 an -She did not know we changed from NCS -A resident on a Rethey wanted but a root have foods with -Resident #1 receive often wanted more -Resident #1's finger readings went up a she had eaten that	why Resident #1's diet was to Regular. gular diet could eat anything esident on a NCS diet could sugar. ed snacks 3 times a day and could estable blood sugar (FSBS) and down depending on what day.				
	Interview with Resident #1 on 03/24/22 at 9:27am revealed: -Her Endocrinologist managed her diabetes medications and ordered a NCS diet for her to eat because her blood sugar was too high. -When she ate a Regular diet her FSBS rose to around 300. -She was aware of some foods she should not eat and often she would tell dietary staff to give her a substitute food. -The facility did not offer her a NCS diet and her Endocrinologist wrote an order for her to have the NCS diet. -When her FSBS was high she would be concerned about having diabetes affecting the health of her heart. -She thought having high FSBS had already affected her eyesight; sometimes she did not see very clearly. Interview with the Special Care Coordinator (SCC) on 03/23/22 at 4:00pm revealed: -She would be sent changes of diet orders from					
	physicians and doc Report by Category	ument the orders on the Order				

DIVISION	<u>of Health Service Re</u>	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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		LIAI 004449	B. WING		F 04/4	
		HAL001148			04/1	2/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		2766 GRA	ND OAKS B	OULEVARD		
ALAMAN	ICE HOUSE		TON, NC 27			
	OLIMAN DV OTA		1		DNI .	0.5
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				DEFICIENCY)		
D 273	Continued From pa	1 de 1	D 273			
D 213	Continued From pa	ige 4	D 273			
	for Resident #1 on 09/10/21 and was					
	documented on the Order Report by Category.					
	-The new PCP ordered a NCS diet for Resident					
	#1 on the FL-2 dated 03/02/22.					
	-The NCS diet was not a diet offered by the					
	facility for residents	because the corporate office				
	only offered regular	diets for the residents				
	residing in their faci					
	-The SCC sent the new PCP the list of diets					
	offered by the facility (regular, regular with					
		ture and regular with chopped				
	meats).					
		nged Resident #1's diet to				
	regular on 03/15/22					
		clarify what diet the PCP				
	wanted for Residen					
		f the new PCP was aware				
		Endocrinologist managing				
	Resident #1's diabe					
		t order request was not sent to				
	Resident #1's Endo					
		or spoken with Resident #1's				
	Endocrinologist.					
		ce was to contact the PCP				
		nges in residents' orders.				
		rney (POA) for Resident #1				
		n to notify the Endocrinologist				
		et from NCS to Regular. em in place to call providers				
		lents' PCP for clarification of				
	orders.	ients FCF for clarification of				
	orders.					
	Attempted telephon	ne interview with the SCC on				
	04/11/22 at 8:06am					
	5 1/ 1 1/22 at 0.00am	was anodososiai.				
	Telephone interview	v with the resident care				
		on 04/11/22 at 8:58am				
	revealed:	5 5 .,, <u>22</u> at 5.00am				
		et" system for physician orders				
		sing or clarification, one to				
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215 BURLINGTON, NC 27215 PROVIDER SPLAN OF CORRECTION CACH DEPCICION MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY MUST BE PRECEDED BY FULL TAG CACH DEPCICION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE D 273 Continued From page 5 D 273 DEFICIENCY DEFICIENCY DEFICIENCY DEFICIENCY make calls to the PCP to reconcile the orders and the other to wait until the PCP returned to the facility to review -No specialists were called, she waited to speak with the PCP if residents' orders did not match. -Some residents had more than one health care provider but there was no system in place to routinely communicate with the other providers. -Resident #1's Endocrinologist would not have been called to clarify a diet order or to notify a diet order had been in contact with Resident #1's Endocrinologist about the resident's diet orders. Telephone interview with Resident #1's Change of diet from NCS to regular by the PCP on 03/15/22. -She was notified of Resident #1's change of diet from NCS to regular by the PCP on 03/15/22. -She would never approve for Resident #1 to have a regular versus an NCS diet. -A NCS diet would help in the management of Resident #1's diabetes. -The Endocrinologist wrote orders for Resident #1 to have an NCS diet continuously. -She spoke to the Administrator several times about offering an NCS diet for Resident #1'; she visited the resident yer frequently and spoke to the Administrator during the visits. -The facility administrator facility and spoke to the Administrator during the visits. -The facility administrator during the visits.				A. BOILDING.			,
ALAMANCE HOUSE SUMMARY STATEMENT OF DEFICIENCIES BURLINGTON, NC 27215			HAL001148	B. WING			
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make calls to the PCP to reconcile the orders and the other to wait until the PCP returned to the facility to review. -No specialists were called, she waited to speak with the PCP if residents' orders did not matchSome residents had more than one health care provider but there was no system in place to routinely communicate with the other providersResident #1's Endocrinologist would not have been called to clarify a diet order or to notify a diet order had been changed; she would check with the PCP for the latest orderShe had not been in contact with Resident #1's Endocrinologist about the resident's diet orders. Telephone interview with Resident #1's POA on 03/23/22 at 11:56am revealed: -She was notified of Resident #1's change of diet from NCS to regular by the PCP on 03/15/22She would never approve for Resident #1 to have a regular versus an NCS dietA NCS diet would help in the management of Resident #1's diabetesThe Endocrinologist wrote orders for Resident #1 to have an NCS diet continuouslyShe spoke to the Administrator several times about offering an NCS diet for Resident #1; she visited the resident very frequently and spoke to the Administrator during the visitsThe facility admitted Resident #1 knowing she	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
the other to wait until the PCP returned to the facility to review. -No specialists were called, she waited to speak with the PCP if residents' orders did not matchSome residents had more than one health care provider but there was no system in place to routinely communicate with the other providersResident #1's Endocrinologist would not have been called to clarify a diet order or to notify a diet order had been changed; she would check with the PCP for the latest orderShe had not been in contact with Resident #1's Endocrinologist about the resident's diet orders. Telephone interview with Resident #1's POA on 03/23/22 at 11:56am revealed: -She was notified of Resident #1's change of diet from NCS to regular by the PCP on 03/15/22She would never approve for Resident #1 to have a regular versus an NCS dietA NCS diet would help in the management of Resident #1's diabetesThe Endocrinologist wrote orders for Resident #1 to have an NCS diet continuouslyShe spoke to the Administrator several times about offering an NCS diet for Resident #1; she visited the resident very frequently and spoke to the Administrator during the visitsThe facility admitted Resident #1 knowing she	D 273	Continued From pa	ge 5	D 273			
had a physician's order for an NCS diet. Review of Resident #1's Endocrinologist's order dated 03/14/22 for "Diet: no concentrated sweets" with the notation to fax (the facility) with the fax number included. Telephone interview with Resident #1's PCP on	D 2/3	make calls to the P the other to wait un facility to review. No specialists were with the PCP if resirence residents had provider but there were routinely communicated. Resident #1's Endobeen called to clariforder had been chatthe PCP for the laterage she had not been endocrinologist about the PCP for the laterage she was notified of from NCS to regulate she would never a have a regular versus and the Endocrinologist to have an NCS diet would I Resident #1's diaberage and NCS diet would I Resident #1's diabera	CP to reconcile the orders and til the PCP returned to the e called, she waited to speak dents' orders did not match. In a more than one health care was no system in place to eate with the other providers. In corinologist would not have by a diet order or to notify a diet order. In contact with Resident #1's pout the resident's diet orders. We with Resident #1's POA on the revealed: If Resident #1's change of diet or by the PCP on 03/15/22, pprove for Resident #1 to us an NCS diet. The pin the management of eates. The pin the management of eates. The pin the management with the continuously. The pin the wisits of the pin the visits. The pin the visits of the pin the visits. The pin the visits of the pin the visits. The pin the visits of the pin the visits. The pin the visits of the pin the visits of the pin the visits. The pin the visits of the pin the visits of the pin the visits. The pin the visits of the pin the visits. The pin the visits of the pin the visits of the pin the p	D 273			

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 6 signed a new FL-2 for the resident on 03/02/21.				(X2) MULTIPL	E CONSTRUCTION		
NAME OF PROVIDER OR SUPPLIER ALAMANCE HOUSE STREET ADDRESS, CITY, STATE, ZIP CODE 2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 6 signed a new FL-2 for the resident on 03/02/21.	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETEU
NAME OF PROVIDER OR SUPPLIER ALAMANCE HOUSE STREET ADDRESS, CITY, STATE, ZIP CODE 2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 6 signed a new FL-2 for the resident on 03/02/21.						F	₹
NAME OF PROVIDER OR SUPPLIER ALAMANCE HOUSE 2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215 (X4) ID PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 6 signed a new FL-2 for the resident on 03/02/21.			HAL001148	B. WING			
ALAMANCE HOUSE 2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 6 signed a new FL-2 for the resident on 03/02/21.	NAME OF I	DDOVIDED OD SLIDDLIED	STDEET AD	DDESS CITY S	STATE ZID CODE		
ALAMANCE HOUSE BURLINGTON, NC 27215 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 6 signed a new FL-2 for the resident on 03/02/21.	NAIVIL OI I	FINOVIDEN ON SOFFEIEN					
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 6 signed a new FL-2 for the resident on 03/02/21.	ALAMAN	NCE HOUSE					
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signed a new FL-2 for the resident on 03/02/21.	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	.D BE	(X5) COMPLETE DATE
	D 273	Continued From pa	ge 6	D 273			
dated 09/11/21 for a NCS diet for Resident #1 and she continued the order on the new FL-2 document. -She was contacted by the SCC on 03/02/21 to complete an additional Physician Order Report to change the diet order from NCS to regular because the facility did not offer an NCS diet. -She and Resident #1's endocrinologist had the same patient data system and were able to read each others' progress notes for Resident #1. -She concurred with the Endocrinologist's observations that Resident #1 could suffer elevated blood glucose levels affecting her heart, kidneys and eyes and Resident #1 needed to eat a NCS diet which was ordered on Resident #1's FL-2 dated 03/02/22. -On 03/15/22 she was told by the SCC she needed to change the diet order for Resident #1 to regular since they did not offer the NCS diet for Resident #1. -She had a discussion with the Administrator about offering an NCS diet for Resident #1, but the discussion was unsupportive of the NCS diet and she was requested to order the regular diet for Resident #1. -She signed an order for a regular diet for Resident #1 no 03/18/22. Second telephone interview with the current PCP on 04/12/22 at 10:38am revealed: -She established care for Resident #1 no 02/14/22. -The NCS diet for Resident #1 had been an on-going problem. -She completed and signed the FL-2 on 03/02/22 with NCS diet ordered. -The POA informed her that Resident #1 was on		signed a new FL-2 -She was aware of dated 09/11/21 for a and she continued documentShe was contacted complete an addition change the diet ord because the facility -She and Resident same patient data seach others' progretions that Relevated blood gluck idneys and eyes a a NCS diet which we FL-2 dated 03/02/2On 03/15/22 she we needed to change to regular since the Resident #1She had a discuss about offering an Nathed discussion was and she was requestor Resident #1She signed an ord Resident #1 on 03/15/22 at 10:3 -She established ca 02/14/22The NCS diet for Foon-going problemShe completed and with NCS diet order	for the resident on 03/02/21. the previous PCP's order a NCS diet for Resident #1 the order on the new FL-2 d by the SCC on 03/02/21 to onal Physician Order Report to the from NCS to regular a did not offer an NCS diet. #1's endocrinologist had the system and were able to read the system and the system and the Endocrinologist's the sesident #1 could suffer the School suffer the School suffer the School state of the NCS diet for Resident #1, but unsupportive of the NCS diet for the NCS diet sted to order the regular diet the sted to order the regular diet for 18/22. Interview with the current PCP the sam revealed: the sted on the system and the syst				

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NCS diet.

Division of Health Service Regulation
STATE FORM

DIVISION	of Health Service Re	egulation			_	
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	₹
		HAL001148	B. WING			2/2022
NAME OF I		OTDEET AD		STATE ZID CODE		-
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ALAMAN	ICE HOUSE		ND OAKS B			
			TON, NC 27			ı
(X4) ID		TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL	ON D BE	(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
D 273	Continued From pa	ge 7	D 273			
			2 2.0			
	-She was able to look in the computerized health system and read the Endocrinologist reports					
	since they belonged to the same health system.					
	-She saw where the Endocrinologist also wanted					
	Resident #1 on a NCS diet. The facility potified the PCP the week of					
	-The facility notified the PCP the week of 03/16/22 to "correct" paperwork; the correction					
	they asked was to change the diet to regular.					
	-The SCC informed the PCP that the facility did					
	not offer a NCS diet.					
	-She signed the die	t order on 03/15/22 for a				
	regular diet; howeve	er, the date on the diet order				
	had been changed					
		who changed the diet order				
	dated from 03/15/22					
		speak to the Administrator and				
		22 by phone but was				
	unsuccessful.	no Posidont Caro Coordinator				
		ne Resident Care Coordinator that the facility did not offer a				
		CP would need to speak to				
	the POA.	or would need to speak to				
		id not contacted her about				
		n the Endocrinologist; she				
		ation from Resident #1's				
		nputerized health system.				
		ge Resident #1's diabetic				
		ndocrinologist managed the				
	diabetic medication					
		ken with the Endocrinologist;				
		eded too; she read the				
	Lituoci iriologist flot	es in the health system.				
	Telephone interviev	wwith the Endocrinologist on				
	03/23/22 at 10:51ar					
		st had managed Resident #1's				
	type 2 diabetes sind					
		the best plan to help lower				
		l sugar and prevent damage				

6899

Division of Health Service Regulation STATE FORM

to her organs.

STATEMENT OF DEFICIENCIES A BUILDING:	Division	<u>of Health Service Re</u>	gulation				
NAME OF PROVIDER OR SUPPLIER ALAMANCE HOUSE 2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215 SUMMARY STATEMENT OF DEFICIENCY TAG PREFIX TAG D 273 Continued From page 8 -After the previous PCP's order on 09/18/21 for continuous NCS diet, she sent an order on 02/28/22 for a NCS diet for Resident #1 and another on 03/14/22 to continue the NCS after being told by the resident's POA the facility was not serving the NCS diet as orderedThe orders were receivedShe never received communication from the facility about Resident #1According to the POA, Resident #1 was not receiving the NCS diet when the POA visited the resident and the facilityShe had the same patient data system as the PCP and they were able to read each others progress notes for Resident #1Resident #1* Hemoglobin A1c (blood test for type 2 diabetes indicating control of sugar levels) was 10 on 10/12/21 and 8.4 on 02/02/22; the preferred range for people with diabetes was around 7If Resident #1 s FSBS were 200 or higher, Resident #1 could suffer long term damage to her kidneys, heart and eyesShe never discontinued the orders for a NCS diet for Resident #1. Second telephone interview with the Endocrinologist to n04/12/22 at 3.00pm revealed: -She established services with Resident #1 in October of 2021.							
ALAMANCE HOUSE SUMMARY STATEMENT OF DEFICIENCIES (A4) ID REFERIX TAG REGULATORY OR USE (DEFICIENCY MUST BE PRECEDED BY FULL TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG CROSS-REFERENCE TO THE APPROPRIATE COMPLETE TAG D 273 Continued From page 8 D 273 After the previous PCP's order on 09/18/21 for continuous NCS diet, she sent an order on 02/28/22 for a NCS diet for Resident #1 and another on 03/14/22 to continue the NCS after being told by the resident's POA the facility was not serving the NCS diet as ordered. The orders were given to the POA and faxed to the facility on the dates of the orders. She was never notified by the SCC if the NCS orders were received. She never received communication from the facility about Resident #1. According to the POA, Resident #1 was not receiving the NCS diet when the POA visited the resident at the facility. She had the same patient data system as the PCP and they were able to read each others progress notes for Resident #1. Resident #15 Hemoglobin A1c (blood test for type 2 diabetes indicating control of sugar levels) was 10 on 10/12/21 and 8.4 on 02/02/22; the preferred range for people with diabetes was around 7. If Resident #15 FSBs were 200 or higher, Resident #15 could suffer long term damage to her kidneys, heart and eyes. She never discontinued the orders for a NCS diet for Resident #1. Second telephone interview with the Endocrinologist on 04/12/22 at 3:00pm revealed: She established services with Resident #1 in October of 2021.			HAL001148	B. WING			
ALAMANCE HOUSE (A4) ID	NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	_	
PRÉEIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 8 -After the previous PCP's order on 09/18/21 for continuous NCS diet, she sent an order on 02/28/22 for a NCS diet for Resident #1 and another on 03/14/22 to continue the NCS after being told by the resident's POA the facility was not serving the NCS diet as orderedThe orders were receivedShe was never notified by the SCC if the NCS orders were receivedShe never received communication from the facility about Resident #1According to the POA, Resident #1 was not receiving the NCS diet when the POA visited the resident at the facilityShe had the same patient data system as the PCP and they were able to read each others progress notes for Resident #1Resident #1's Hemoglobin A1c (blood test for type 2 diabetes indicating control of sugar levels) was 10 on 10/12/21 and 8.4 on 02/02/22; the preferred range for people with diabetes was around 7If Resident #1's FSBS were 200 or higher, Resident #1's could suffer long term damage to her kidneys, heart and eyesShe never discontinued the orders for a NCS diet for Resident #1. Second telephone interview with the Endocrinologist on 04/12/22 at 3:00pm revealed: -She established services with Resident #1 in October of 2021.	ALAMAN	ICE HOUSE	2766 GRA	ND OAKS B	OULEVARD		
-After the previous PCP's order on 09/18/21 for continuous NCS diet, she sent an order on 02/28/12 for a NCS diet for Resident #1 and another on 03/14/22 to continue the NCS after being told by the resident's POA the facility was not serving the NCS diet as ordered. -The orders were given to the POA and faxed to the facility on the dates of the orders. -She was never notified by the SCC if the NCS orders were received. -She never received communication from the facility about Resident #1. -According to the POA, Resident #1 was not receiving the NCS diet when the POA visited the resident at the facility. -She had the same patient data system as the PCP and they were able to read each others progress notes for Resident #1. -Resident #1's Hemoglobin A1c (blood test for type 2 diabetes indicating control of sugar levels) was 10 on 10/12/21 and 8.4 on 02/02/22; the preferred range for people with diabetes was around 7. -If Resident #1's FSBS were 200 or higher, Resident #1 could suffer long term damage to her kidneys, heart and eyes. -She never discontinued the orders for a NCS diet for Resident #1. Second telephone interview with the Endocrinologist on 04/12/22 at 3:00pm revealed: -She established services with Resident #1 in October of 2021.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
diet -She did not know the facility did not offer a NCS dietShe did not know why the facility would not offer	D 273	-After the previous continuous NCS die 02/28/22 for a NCS another on 03/14/22 being told by the renot serving the NCS -The orders were go the facility on the darker was never not orders were received facility about Resided -According to the Preceiving the NCS or resident at the facility about Resident at the	PCP's order on 09/18/21 for et, she sent an order on diet for Resident #1 and 2 to continue the NCS after sident's POA the facility was 6 diet as ordered. Even to the POA and faxed to ates of the orders. Effect by the SCC if the NCS ed. If the NC	D 273			

-She had not been in contact with the PCP; she

Division of Health Service Regulation		egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					_	,
		1141 0044 60	B. WING		F	
		HAL001148	D. WING		04/1	2/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			ND OAKS B			
ALAMAN	ICE HOUSE					
		BURLING	TON, NC 27	215		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
TAG	REGOLATOR ON E	oo Bentii Tiide ini Oniwation,	TAG	DEFICIENCY)	1 (1) (1 L	
D 273	Continued From pa	ge 9	D 273			
	had no reason to co	antact har				
		he health system and read the				
	PCP's clinical notes					
		e the Endocrinologist clinical				
	notes and the Endo	ocrinologist could see the				
	PCP's clinical notes					
		r for a NCS diet on 03/14/22.				
	-The facility did not notify her that they did not					
	offer a NCS diet.					
	-Resident #1 needed a NCS diet.					
		the Endocrinologist the facility				
		ne NCS diet as ordered.				
		help Resident #1 lower her				
	blood sugar.					
		ent #1 was having some				
	issues with her eye	s, but she could not be sure.				
	 She received most 	t of Resident #1's information				
	from the POA, which	ch was not unusual for a				
	resident who reside	ed in an assisted living facility.				
	-She expected the	facility to notify her if they				
	could not provide w	hat was ordered.				
	Review of Resident	#1's February 2022				
	medication adminis	tration record (MAR) revealed:				
	-There was an entry	y to check FSBS 3 times a day				
	before meals.					
	-There were 24 FSI	BS readings over 200 and				
		09 from 02/01/22 to 02/28/22.				
	0 0					
	Review of Resident	#1's March 2022 medication				
	administration reco	rd (MAR) revealed:				
		y to check FSBS 3 times a day				
	before meals.	,				
		BS having readings over 200				
		01-332 from 03/01/22 to				
	03/22/22.	5 . 55E 5111 55,5 1/LE to				
	5 51 LL1 LL.					
	Interview with the A	dministrator on 03/24/22 at				
	2:05 pm revealed:	Minimotrator on 00/24/22 at				
		the requests for the NCS diet				
	One was aware or	and requests for the NOO tilet				

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DIVISION	of Health Service Re	guiation	1			
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	}
		HAL001148	B. WING			2/2022
NAME OF I	PROVIDER OR SUPPLIER	STDEET VD	DDESS CITY S	STATE, ZIP CODE		
NAME OF I	-NOVIDEN ON SUFFEIEN		ND OAKS B			
ALAMAN	ICE HOUSE		TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 10	D 273			
	for Resident #1She told the PCP to NCS dietShe offered Resided desserts having no she did not contact endocrinologist about know what they worthe PCP was the cresident's ordersShe did not know if from the endocrinol not know if any were. The SCC handled the PCP signed the highest diet for Resident #1. Second interview would would be second interview would be work to resident #1 was on sugar-free desserts work together to prosuitable dietShe had spoken we that the facility did resident work together to prosuitable dietShe had spoken we that the facility did resident work together to prosuitable diet.	he facility did not offer the ent #1 unsweetened tea and sugar. It Resident #1's but the NCS diet and did not ald want to know. contact they used for clarifying If any orders were received ogist for Resident #1 and did e sent. residents' orders. The order request for a Regular ith the Administrator on and 2:26pm revealed: The PCP regarding the NCS The PCP regarding the NCS The additional the sent were offered since the a NCS diet. The ave documented in the communication with the PCP The a diet order the facility The fered unsweet tea and the upon her request. The facility and the POA The power of the diets that the facility and the POA The power of the diets that the facility and the POA The power of the diets that the POA and informed her that offer NCS diet. The power of the facility would				
		POA the facility could continue unsweet tea and sugar free				

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desserts as requested.

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STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
			B WINC		F	
		HAL001148	D. WING		04/1	2/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ΔΙ ΔΜΔΝ	ICE HOUSE		AND OAKS B			
		BURLING	TON, NC 27	215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 11	D 273			
	-The POA's respon NCS diet and she w -She had not reach she did not know if Endocrinologist reg -The SCC received would process then endocrinologist whe Interview with the R Services (RDCS) of	se was Resident #1 needed a vanted her to have it. ed out to the Endocrinologist; the SCC had notified the arding the NCS diet. the incoming orders; she in and contact the PCP or				
	revealed: -The facility did not offer a no concentrated sweet diet (NCS)It was a corporate policy that a NCS diet would					
	not be offered. -The facility offered a Regular, no added table salt (NATS) diet with texture options. -There were no other diet options offered at the facility. -The facility had a pre-printed diet order sheet. -The PCP would check the diet and the texture, if needed.					
	formShe reached out to 2022; Resident #1 I -The previous PCP did not offer a NCS -The response from was "Resident #1 n as possibleResident #1 had cl January 2022The previous diet of the current PCP, da -The SCC notified an order for a Regusigned on 03/18/22	the PCP's office on 01/19/22 eeded as close to an ADA diet hanged PCPs twice since order on the FL-2 signed by ated 03/02/22, was NCS. the current PCP and obtained alar diet; the diet order was				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL001148	B. WING		R 04/12/2022	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 0-7/1	ZIZUZZ
	ICE HOUSE	2766 GRA	ND OAKS B	OULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	on admissionThe facility did not October 2021The corporation has tates and a NCS of the facilities. 2. Review of Resider revealed: -Diagnoses include disturbances, diabecongestive heart faresident #4 was a Review of Resident summary dated 03/-Resident #4's shown bilityThe staff should massiving as needed. Review of Resident 03/03/22 revealed to the rapy (PT) and or gait instability. Interview with the Pon 03/28/22 at 11:5-Resident #4 had fare admitted to the facion 03/03/22She faxed the elections and summary did not contact the rapy (PT) and or gait instability.	er on her FL-2 for a NCS diet notice the NCS diet order until ad over 100 facilities across 5 liet was not offered at any of ent #4's FL-2 dated 02/23/22 d dementia with behavioral lites mellitus 2, hypertension, illure and anxiety. mbulatory with a walker. #4's physician's visit 03/22 revealed: was unstable. uld continue using a walker for onitor Resident #4 closely for esist with activities of daily #4's physician's orders dated here was an order for physical ocupational therapy (OT) for rimary Care Provider (PCP) 9am revealed: lillen on the day she was lity, 03/02/22. sted to have PT and OT	D 273			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		1101 0044 40	B WING		R 04/12/2022	
NAME OF	PROVIDER OR SUPPLIER	HAL001148	l		04/1	2/2022
				STATE, ZIP CODE S OULEVARD		
ALAMAN	ICE HOUSE		TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 273	Continued From pa	ge 13	D 273			
	referral to the thera	py department.				
	10:05am revealed; -She fell the day sh -She had requested -She had not receivadmission.	dent #4 on 03/24/22 at e was admitted. d PT and OT after she fell. ved PT and OT since why therapy had not been				
		t #4's record revealed there notes available for review.				
	03/24/22 at 11:30ar	cial Care Coordinator (SCC) on m revealed she did not know referral for PT and OT.				
	Director for the facil agency on 03/28/22 -He was in the facil provide physical the -The SCC would have residents when he was -The SCC would can orders to the office when the order can -He had not receive Resident #4.	and him new orders for was in the facility. All the agency and fax new if he was not in the facility				
	the facility's contract 03/28/22 at 1:29pm - The rehabilitation a OT for Resident #4 - The rehabilitation a	agency had not started PT or				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL001148	B. WING			R 12/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ALAMAN	NCE HOUSE		AND OAKS B TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
D 273	-The facility would g director for the facil or the order would I Telephone interview 03/28/22 at 11:05ar -The SCC was resp agencies when refe OT. -She was not famili referrals where deli -She had only been 2 months. -She knew the facil outside therapy dep to the residents.	give new orders to the rehabity when he was in the facility one faxed to the agency office. If with the Administrator on more revealed: If onsible for contacting outside errals were ordered for PT and ear with the process of how evered to outside agencies. If acting Administrator less than eartment to provide PT and OT the interview with the SCC on				
D 310	Service 10A NCAC 13F .09 (e) Therapeutic Die (4) All therapeutic supplements and the served as ordered I This Rule is not me Based on observation reviews the facility diets were served as	04(e)(4) Nutrition and Food 04 Nutrition and Food Service ets in Adult Care Homes: diets, including nutritional nickened liquids, shall be by the resident's physician. et as evidenced by: ons, interviews and record failed to ensure therapeutic as ordered for 3 of 3 sampled as #10, #11, #12) with an	D 310			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL001148	B. WING		R 04/12/2022	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 0-111	LILULL
ALAMAN	ICE HOUSE		ND OAKS B	OULEVARD 215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 310	diet (#10); and a character The findings are: 1. Review of Reside 02/22/22 revealed of iron deficiency, and Review of Resident dated 03/22/22 revealed of iron deficiency, and Review of Resident dated 03/22/22 revealed of iron deficiency was a regalet consistency was foods of a smooth, whipped potatoes. Pureed foods were with difficulty swallous and iron the meal, such as in Review of the diet of 02/23/2022-03/23/2 diet order was pure Review of a large was pure Review of a large was an and iron the iron the iron to iron to iron the iron t	diet (#12); a mechanical soft opped meat diet (#11). ent #12's current FL-2 dated diagnoses included dementia, anemia. #12's facility's diet order form ealed: gular diet. as a pureed diet. defined as a diet that provided soft consistency, like fluffy e usually ordered for residents wing. ould be limited to a portion of neats only or the entire meal. order spread sheet dated 1022 revealed Resident #12's ed meal. whiteboard across from the ne kitchen on 03/25/22 at sel listed as pureed. It piece of paper taped to the f the whiteboard that had as chopped meat only. Junch meal service on m revealed Resident #12 was eal; she ate 100%. dinner meal service on	D 310			
		served a chicken sandwich				

6899

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
,			A. BUILDING:			
		HAL001148	B. WING		04/1	२ 2/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
ALAMA	NCE HOUSE		ND OAKS B TON, NC 27	OULEVARD 215		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
D 310	(filet on a bun) cut in Resident #12 at a resident #12 was vegetables (caulifloshe ate the carrots - Resident #12 was potato salad Resident #12 was fruit cocktail. Interview with a per 03/23/22 at 12:28ping-Resident #12's die days ago Resident #12's tee hard for her to chever - Resident #12 would regular food. Interviews with ano 2:35pm and 4:39pm - She assisted with she worked Resident #12 was mixed vegetables, and resident #12 was mixed vegetables, and resident #12 did resident #12 did resident #12 did resident #12 was mixed vegetables, and resident #12 was especially meat, when the sident with a med 03/25/22 at 2:43pm - Resident #12 was especially meat, when the sident was she was made as she was she was s	nto fourths. 1/2 of the sandwich. served whole mixed wer, carrots, and broccoli) and and broccoli. served and ate 1/2 cup of served and ate 3 ounces of sonal care aide (PCA) on m revealed: t was changed to pureed 2 th were breaking, and it was wher food. d take about an hour to eat ther PCA on 03/25/22 at m revealed: feeding Resident #12 when served a chicken sandwich, and potato salad on 03/23/22. The total potato salad on 03/23/23/23/23/23/23/23/23/23/23/23/23/23	D 310			

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STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			LETED
		HAL001148	B. WING		F 04/1	₹ 2/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOUSE		ND OAKS B TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 310	Continued From pa	ge 17	D 310			
	diet change so they could make sure the resident received the correct diet.					
	(SCC) on 03/25/22 -Resident #12 had I cheeksThe SCC spoke wi (PCP) regarding ch pureedThe PCP wrote an served a pureed die-The PCP made a cit to the dietary mar-The PCAs and MA change for Residen-It was not docume and PCAs to refer t-The PCAs and MA dietary staff when Fincorrect diet. Interview with the A 2:57pm.	copy of the diet order and gave lager. s were notified of the diet t #12 by word of mouth. Inted anywhere for the MAs o. s should have notified the desident #12 received the				
	 -If Resident #12 was on a pureed diet, there was a reason. -Resident #12 could choke if she was given the wrong diet consistency if she was having problems with swallowing or chewing. -She would need to clarify why Resident #12 was on a pureed diet, if it was because of chewing or swallowing. 					
	03/29/22 at 12:45pr -Resident #12's die see if it would impro she would eat more -She was not sure i	t was changed to pureed to ove the resident's appetite and				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL001148	B. WING			R 12/2022
	PROVIDER OR SUPPLIER	2766 GRA	DRESS, CITY, S' IND OAKS BO TON, NC 272			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 310	change to see if it in having to have a sp-She expected Respureed for every mechange was effective. Based on observation interviews, it was donot interviewable. Refer to the interviewable. Review of Resided 03/25/22 at 2:57pm 2. Review of Resided: -Diagnoses include protein-calorie malreshe was intermitted recommended leve unit. Review of Resident dated 03/22/22 reversible type was a respective was a respective was a respective was an endification for respective type was a respective was a res	nade a difference versus beech therapy consult. ident #12's meals to be served eal so she would know if the ve or not. ons, record reviews, and etermined Resident #12 was ew with the Administrator on . ent #10's current FL-2 dated d dementia and unspecified nutrition. ently confused, and the I of care was a special care i #10's facility's diet order form ealed: gular diet. as defined as a diet idents who had difficulty ble to tolerate more texture	D 310			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL001148	B. WING			R 12/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	·	
ALAMA	NCE HOUSE		ND OAKS B TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 310	special care unit (S diets; Resident #10 -There was an 8 x bottom right hand or Resident #10 listed Observation of the 03/23/222 at 12:13p-Resident #10 was three plain hushpup beansResident #10 ate 5 three hushpuppies, of the green beans. Observation of the 03/23/22 at 4:48pm-Resident #10 was (chicken patty betw vegetables, and fru-Resident #10 ate 1 of one part of the brand fruit cocktail. Review of the thera a mechanical soft in chicken, and colesis-The fish should be -The hushpuppies s-Coleslaw should be moist vegetablesChicken sandwiched Telephone interview care provider (PCP revealed: -Resident #10 was	CU) were on mechanical soft 's name was not listed. 10 piece of paper taped to the of the whiteboard that had as a mechanical soft. Itunch meal service on the own revealed: served a whole piece of fish, opies, coleslaw, and green where the own own table of the own own revealed: served a whole piece of fish, opies, coleslaw, and green where own own table own	D 310			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDILAN	OF CONTECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL001148	B. WING		04/1	₹ 2/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOUSE		ND OAKS B TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 310	-If Resident #10 was soft diet, she would may not eat as well weight lossShe expected Res was easy for her to she couldIf Resident #10 did issues. Telephone interview registered dietitian revealed: -Fish should be soft that would be easy -Hushpuppies should or even with ketchular -A sauce was to he easier and keep the -Coleslaw was a ravegetables were habe replaced with solutions for therapy Interview with the D03/25/22 at 2:03pm -A mechanical soft be a "little softer." -Resident #10 was -Resident #10 was -Resident #10's fish herself easilyShe did not know we mechanical soft die -She did not know we mechanical soft die Interview with the Stephen soft die -She did not know we mechanical soft die -She did not know we	is not served a mechanical be concerned the resident and would therefore have ident #10 to be given food that eat and get the best nutrition if not eat it would lead to other with the facility's contracted on 03/25/22 at 10:02am it and cut into bite-sized pieces to chew and swallow. It is moistened, with a sauce in the properties of t	D 310			
		at 2:11pm revealed: s were given to the DM and				

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DIVISION	of Health Service Re	guiation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING.			
		HAL001148	B. WING		R 04/12/2022	
NAME OF	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE		
TW WILL OT	THO VIDEN ON OO! I EIEN		ND OAKS B	•		
ALAMAN	ICE HOUSE		TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	TIVE ACTION SHOULD BE COMPI	
D 310	Continued From page 21		D 310			
	-For a mechanical smeat to be chopped -She did not know on a mechanical so -She thought hushpus served as long as the served as long	puppies were okay to be hey had been cooked soft. medication aides (MA) to walk from to ensure plates were ponsible for notifying the s (PCA) if a resident had a diet of diet. d the staff were not paying e residents at risk of a				
	revealed: -She thought Resid -Resident #10 had swallowingShe had not seen have a mechanical -If she had seen Re mechanical soft die Resident #10 was s -She was responsit changes in diet ord -She had not told th had changed becau -She thought there communication abo Interview with the A 2:57pm revealed: -Resident #10's fish	esident #10's order for a t she would have made sure served the correct diet. ole for telling the PCA of ers. ne PCAs Resident #10's diet use she did not know. needed to be more out diet orders. dministrator on 03/25/22 at				
	when the plate was -Resident #10 shou	served. Ild not have been served				

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coleslaw but substituted with soft cooked

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	HAL001148		B. WING		R 04/12/2022	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 04/	12/2022
ALAMAN	ICE HOUSE	2766 GR	AND OAKS B	OULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 310	served but would endirected on the their directed on observation interviews, it was donot interviewable. Refer to the interviewable. Refer to the interviewable. Refer to the interviewable. Review of Reside of O2/23/22 at 2:57pm of O2/23/22 revealed: -Diagnoses included deconditioning, and only of the was constantly assistance with fee of Review of Resident dated 03/22/22 reversions. The chanical soft was modification for reschewing but were at than a pureed dieterology of the meal, such as resident #11. Review of the dieterology of the diet	how hushpuppies should be expect them to be served as rapeutic diet spreadsheet. ions, record reviews, and etermined Resident #10 was ew with the Administrator on a. ent #11's current FL-2 dated and dementia, glaucoma, divitamin Dideficiency, y disoriented and required ding. It #11's facility's diet order form ealed: ked for no added table salt, as defined as a diet idents who had difficulty able to tolerate more texture offered, could be limited to a portion of meats only or the entire meal, its only was marked for	D 310			
		entation two residents in the				

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STATEMENT OF DEFICIENCIES (X) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY PLETED	
			A. BOILDING.			R	
		HAL001148	B. WING			04/12/2022	
NAME OF PROVIDER OR	SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ALAMANCE HOUSE			ND OAKS B TON, NC 27	OULEVARD 215			
PREFIX (EACH)	DEFICIENC'	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
-Resident and bottom right resident and bottom right resident and coles and and revealed: -Coles and revealed:	ving were #11's nan is an 8 x ht hand of #11 listed on of the at 12:14 #11 was hushpupp #11 ate 5 cuppies, 9 en beans on of the at 5:13pm #11 was (chicken letables, onal care e dietary ed." #11's pla andwich of #11 was is sandwic the thera ical soft r was not lis on how to should be etables. should be etables.	e on chopped diets. me was not listed. 10 piece of paper taped to the of the whiteboard that had as chopped meat only. Ilunch meal service on pur revealed: served a bowl of fried shrimp, pies, and green beans. 50% of her shrimp, one of the 50% of her coleslaw, and 50%. Idinner meal service on a revealed: served a whole chicken patty between two buns), and potato salad. I aide (PCA) handed the plate staff and said, "this needs to the was returned to her with the cut into 4 pieces. I holding one of the four pieces h, taking smile bites. I peutic menu spreadsheet for meal chopped meats only ted on the spreadsheet for serve. I e substituted with minced and	D 310				

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HAL001148 B. WING DAME OF PROVIDER OR SUPPLIER ALAMANCE HOUSE STREET ADDRESS, CITY, STATE, ZIP CODE BURLINGTON, NC 27215 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES BURLINGTON, PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER ALAMANCE HOUSE STREET ADDRESS, CITY, STATE, ZIP CODE 2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215 (X4) ID PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 310 Continued From page 24 for guidance for shrimp, then the shrimp should not be served to anyone on a therapeutic dietWithout a spreadsheet for guidance, the dietary staff would not know how to serve shrimp on a chopped meat dietShrimp would need to be chopped and moistened for anyone on a chopped meat dietIf a sandwich was cut into fourths that would be considered finger food, not choppedResident #11's chicken sandwich should have been cut into small bite-size pieces. Interview with a personal care aide (PCA) on 03/25/22 at 11:10am revealed:						F	₹
ALAMANCE HOUSE CX4) ID SUMMARY STATEMENT OF DEFICIENCIES CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 310 Continued From page 24 For guidance for shrimp, then the shrimp should not be served to anyone on a therapeutic dietWithout a spreadsheet for guidance, the dietary staff would not know how to serve shrimp on a chopped meat dietIf a sandwich was cut into fourths that would be considered finger food, not choppedResident #11's chicken sandwich should have been cut into small bite-size pieces. Interview with a personal care aide (PCA) on 03/25/22 at 11:10am revealed:			HAL001148	B. WING			
ALAMANCE HOUSE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 310 Continued From page 24 for guidance for shrimp, then the shrimp should not be served to anyone on a therapeutic dietWithout a spreadsheet for guidance, the dietary staff would not know how to serve shrimp on a chopped meat dietShrimp would need to be chopped and moistened for anyone on a chopped meat dietIf a sandwich was cut into fourths that would be considered finger food, not choppedResident #11's chicken sandwich should have been cut into small bite-size pieces. Interview with a personal care aide (PCA) on 03/25/22 at 11:10am revealed:	NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 310 Continued From page 24 for guidance for shrimp, then the shrimp should not be served to anyone on a therapeutic diet. -Without a spreadsheet for guidance, the dietary staff would not know how to serve shrimp on a chopped meat diet. -Shrimp would need to be chopped and moistened for anyone on a chopped meat diet. -If a sandwich was cut into fourths that would be considered finger food, not chopped. -Resident #11's chicken sandwich should have been cut into small bite-size pieces. Interview with a personal care aide (PCA) on 03/25/22 at 11:10am revealed:	ALAMAN	ALAMANCE HOUSE					
for guidance for shrimp, then the shrimp should not be served to anyone on a therapeutic diet. -Without a spreadsheet for guidance, the dietary staff would not know how to serve shrimp on a chopped meat diet. -Shrimp would need to be chopped and moistened for anyone on a chopped meat diet. -If a sandwich was cut into fourths that would be considered finger food, not chopped. -Resident #11's chicken sandwich should have been cut into small bite-size pieces. Interview with a personal care aide (PCA) on 03/25/22 at 11:10am revealed:	PRÉFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
-She was not sure why Resident #11 was on a chopped meat dietShe knew Resident #11 could not chew lettuce but was not aware of any other issuesResident #11 had been on a chopped meat diet since admissionThe dietary manager notified her of any diet changesShe thought Resident #11's shrimp was small enough; she did not know it needed to be choppedShe did not know Resident #11's chicken sandwich needed to be cut into smaller pieces. Interview with the Administrator on 03/25/22 at 2:57pm revealed: -Resident #11's chicken should have been chopped and then placed on the bunShe was not sure what needed to be done with Resident #11's shrimp. Based on observations, record reviews, and interviews, it was determined Resident #11 was	D 310	for guidance for shr not be served to an -Without a spreads staff would not know chopped meat dietShrimp would need moistened for anyolf a sandwich was considered finger for Resident #11's chiebeen cut into small Interview with a per 03/25/22 at 11:10ar -Resident #11 was -She was not sure with chopped meat dietShe knew Resident but was not aware or -Resident #11 had since admissionThe dietary manage changesShe thought Resident #10 choppedShe did not know for sandwich needed to linterview with the A 2:57pm revealed: -Resident #11's chiechopped and then process -She was not sure with Resident #11's shring based on observation.	rimp, then the shrimp should yone on a therapeutic diet. heet for guidance, the dietary whow to serve shrimp on a diet to be chopped and ne on a chopped meat diet. cut into fourths that would be ood, not chopped. cken sandwich should have bite-size pieces. Isonal care aide (PCA) on merevealed: on a chopped meat-only diet. why Resident #11 was on a diet #11 could not chew lettuce of any other issues. Deen on a chopped meat diet ger notified her of any diet who it needed to be Resident #11's chicken of be cut into smaller pieces. dministrator on 03/25/22 at ocken should have been olaced on the bun, what needed to be done with mp. ons, record reviews, and	D 310			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL001148	B. WING			R 12/2022
	PROVIDER OR SUPPLIER	2766 GRA	ND OAKS B			
			TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 310	Continued From pa	ge 25	D 310			
	Attempted telephon #11's primary care 3:12pm was unsucc	ne interview with Resident provider on 03/25/22 at cessful.				
	Interview with the Administrator on 03/25/22 at 2:57pm revealed: -The SCC/RCC and the DM were provided copies of new diet ordersThe SCC/RCC and the DM should update their diet list and provide the correct dietsThe SCC/RCC were responsible for updating the MAs and PCAs on diet changesResidents were on a therapeutic diet for a reason, whether it was because of chewing or for swallowing -She expected meals to be served as ordered and the diet order clarified if they were not sure.					
D 358	(a) An adult care h preparation and adi prescription and no by staff are in accord (1) orders by a lice which are maintaine (2) rules in this Secand procedures. This Rule is not me FOLLOW-UP TO UVIOLATION	04 Medication Administration ome shall assure that the ministration of medications, n-prescription, and treatments rdance with: nsed prescribing practitioner ed in the resident's record; and ction and the facility's policies	D 358			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					R	
		HAL001148	B. WING			2/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ALAMAN	ICE HOUSE		ND OAKS B TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	B Continued From page 26		D 358			
	severity resulting in residents placed at substantial risk that serious physical harm will occur.					
	TYPE A2 VIOLATIO	DN				
	Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 2 of 7 residents (#6, #7) observed during the morning medication pass including errors with the administration of a pain medication (#6) and a medication for memory loss (#7); and for 6 of 7 sampled residents for record review including errors with a medication used to prevent seizures (#2); insulin administration (#3); an inhaler, and medications for mood disorders (#5); three supplements (#4); an anti-depressant and a medication for reflux (#6); and a stool softener, a pain medication and a medication used to treat manic episodes (#8).					
	evidenced by the ol	error rate was 11.5% as oservation of 3 errors out of 26 the 8:00am and 5:00pm 03/23/22.				
	revealed: -Diagnoses include dementiaThere was an orde arthritic pain) 400m Review of Resident 03/07/22 revealed: -There was an orde 400mg twice a day.	#6's physician's orders dated				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V2) MULTIPL	E CONSTRUCTION	(X3) DATE	CLID\/EV
	OF CORRECTION	IDENTIFICATION NUMBER:	` '	E CONSTRUCTION		LETED
			A. DOILDING.		_	
		HAL001148	B. WING		04/1	? 2/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
	IOE HOUSE	2766 GRA	ND OAKS B	OULEVARD		
ALAMAN	ICE HOUSE	BURLING	TON, NC 27	215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 27	D 358			
	needed for pain and discomfort.					
	03/23/22 at 8:08am -The medication aid #6's 8:00am multi-of the medication cart -The multi-dose pad of each medication packEtodolac 400mg w being in the multi-do -The number "7" wa indicating the numb	de (MA) removed Resident lose pack from the drawer of ck contained 7 pills; the name was listed on the multi-dose as 1 of 7 medications listed as ose pack. As on the multi-dose pack her of pills that was in the pack. The red the 7 pills to Resident #6,				
	Review of Resident #6's March 2022 electronic medication administration record (eMAR) revealed: -There was an entry for etodolac 400mg with a scheduled administration time of 8:00am and 8:00pm. -There was documentation etodolac 400mg was administered twice a day from 03/01/22 to 03/24/22 at 8:00am and 8:00pm.					
	on 03/23/22 at 10:4 multi-dose pack wit for administration a Based on eMAR do dispensing records was determined tha	ses of etodolac 400mg after				
	Telephone Interviev	wwith a pharmacy technician ontracted pharmacy on				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL001148	B. WING	B. WING		≷ 2/2022
	PROVIDER OR SUPPLIER	2766 GRA	DRESS, CITY, S AND OAKS B TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	03/24/22 at 8:36am -The pharmacy had twice a day dated 0 -The order dated 08 received for etodola -The pharmacy did physician's order date dolac from twice and discomfort. Telephone Interview facility's contracted 8:13am revealed: -Etodolac was used Potential side effect bleeding, abdomina a resident was admithan prescribed. Interview with the Microwald revealed: -The MA administer from 03/07/22 to 03-17he MA administer day because it was multi-dose pack to a the MA did not know been changed from 17he MA was not readding medications the Special Care of responsible for e-fathe pharmacyThe pharmacy wouthe eMAR and the demandary wouthe eMAR and the demandary wouthe eMARThe MA had no was	revealed: I an order for etodolac 400mg 8/07/21. 8/07/21 was the last order ac. not receive a signed ated 03/07/22 to change a day to as needed for pain w with the Pharmacist from the pharmacy on 03/25/22 at I for myalgia or arthritic pain. ats could be gastro-intestinal al pain, diarrhea and nausea if inistered medication more IA on 03/24/22 at 10:18am ared etodolac 400mg 11 times 8/24/22. ared etodolac 400mg twice a on the eMAR and in the administer. by the etodolac 400mg had twice a day to as needed. asponsible for discontinuing or	D 358			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		1141 0044 65	B. WING		R	
		HAL001148	B. WING		04/1	2/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOUSE		ND OAKS B			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	4:10pm revealed: -The MA administer day since it was on multi-dose packsThe MA had admir times from 03/07/22 -The MA did not knobeen changed from The MA administer on the eMARThe MA would not changed unless it well-the SCC e-faxed in the pharmacy wou medications on the linterview with the Screvealed: -She e-faxed new of they were writtenShe would call the received the e-faxed permittedShe had e-faxed the 03/07/22 to the phase could not remese-faxed the physicial she e-faxed it again pharmacy staff called itShe did not call the they had received the dated 03/07/22 for lated they had received the pharmacy staff called they had received the	red etodolac 400mg twice a the eMAR and in the histered etodolac 400mg 42 to 03/24/22. The etodolac 400mg had twice a day to as needed, and the medication as directed know a medication was was entered on the eMAR, new orders to the pharmacy. And enter changes to the eMAR. CC on 03/24/22 at 10:15am and orders to the pharmacy when pharmacy to verify they dorders, when scheduling the physician's orders dated and said they did not have the enter the order into the received.	D 358	DEFICIENCY)		
		MA about the new medication If the MA to make a notation If the make a notation				

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Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL001148	B. WING			R 12/2022
	PROVIDER OR SUPPLIER	2766 GRA	DRESS, CITY, S IND OAKS BO TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 358	Telephone interview Primary Care Provie at 11:42am reveale - Resident #6 was re- The PCP talked with member and discuss medication from twito - The family member changes The PCP expected ordered. Telephone interview 03/28/22 at 9:29am - New orders should when the order was - The SCC was responders to the pharm - She did not know it been faxed to the puber of the eMAR and they scc. Attempted telephor PCP on 03/25/22 at Based on observation reviews it was determined by Review of Resider revealed: - Diagnoses include visual hallucinations anxiety disorder There was an order.	with a nurse at Resident #6's der's (PCP) office on 03/26/22 d: ecceiving etodolac for pain. with Resident #6's family essed decreasing her ice a day to as needed. For agreed with the medication of all orders to be followed as with the Administrator on revealed: I be e-faxed to the pharmacy of received. Honsible for e-faxing new hacy. If Resident #6's order had harmacy. For orders to be faxed to the	D 358			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		SURVEY PLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING:		COIVIF	LETED
		HAL001148	B. WING			R 1 2/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOUSE		ND OAKS B			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 358	function) 10mg at be Observation of the 03/23/22 at 8:14am - The medication aid multi-dose pack for of the medication content of the medication content of the medication pack. Donepezil 10mg who being in the multi-dose pack of each medication pack. Donepezil 10mg who being in the multi-dose pack of the multi-dose pack. The number "7" was indicating the number pack. The MA administer including donepezil nedication administer evaled: There was an entropy administered at become of the pack of the pack of the pack. There was an entropy of the pack of	morning medication pass on revealed: de (MA) removed the 8:00am Resident #7 from the drawer art. ck contained 7 pills; the name was listed on the multi-dose as 1 of 7 medications listed as ose pack. s on the multi-dose pack per of pills that were in the red the 7 pills to Resident #6, 10mg. #7's March 2022 electronic stration record (eMAR) y for donepezil 10mg with a ration time of 8:00pm. entation donepezil 10mg was dtime from 03/01/22 to a tronic entry that donepezil nued on 03/16/22. Ind entry on 03/15/22 for fore bedtime with a scheduled of 5:00pm. entation donepezil 10mg was de bedtime from 03/16/22 to a possible production of the production of the period of 5:00pm. entation donepezil 10mg was de bedtime from 03/16/22 to a possible production of the period of 5:00pm.	D 358	DETICIENCY)		

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STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
			B WING		F	
		HAL001148	b. WING		04/1	2/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ALAMAN	ICE HOUSE		ND OAKS B TON, NC 27			
040.15	CUIMMA DV CTA				ON.	()/5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 32	D 358			
	administered on 03/23/22 at 8:00am.					
	hand on 03/23/22 a -There was a bubbl tablets on hand; the administer one table -The bubble pack o dispensed on 03/16 -There was a morni for administration; t 1 donepezil 10mgThere was no med 10mg available for a Based on eMAR do dispensing records determined that Re doses of donepezil 03/01/22 to 03/24/2 Telephone interview from the facility's co 03/24/22 at 8:36am -The pharmacy had donepezil 10mg eve	ng multi-dose pack available he multi-dose pack contained ication bottle of donepezil administration. cumentation, medication and interviews it was sident #6 was administered 22 10mg at 8:00am from 2.				
	multi-dose pack sin					
	multi-dose pack to I	oe administered in the				
		am medication pass. narmacy received an FL-2				
	dated 03/15/22 with	an order for donepezil 10mg				
	at bedtimeThe pharmacy disk	pensed 9 tablets of donepezil				
	10mg on 03/16/22 t	o be administered until the				
	medication was place multi-dose pack for	ced in the cycle filled bedtime				
	-The facility staff sh	ould remove donepezil 10mg				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					R		
		HAL001148	B. WING			2/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
ALAMAN	ICE HOUSE		ND OAKS B TON, NC 27	OULEVARD 215			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
D 358	dispensed on 03/16 placed in the multi- Interview with the M revealed: -The MA signed Re medications administed 03/23/22 at the 8:00 -The MA administed 03/23/22 at the 8:00 -The MA thought sh medications were a 03/23/22The MA checked the inthe multi-dose part of the email of the morning multi-compared the multi-the MA did not no compared the multi-the MA needed to errorResident #7 could if the donepezil was was administered at c. Observation of the	m the bubble pack that was 6/22 until donepezil 10 mg was dose pack for bedtime. MA on 03/24/22 at 10:18am sident #7's eMAR for all istered on 03/23/22 at the pass. The dotation pass are done pass are had documented 7 administered at 8:00am on the eMAR with the medications ack and checked "prep" on the ered the medications, she had document her initials are also and checked "complete", onically document her initials are donepezil 10mg was in dose pack. The donepezil when she dose pack with the eMAR speak to the SCC about the receive too much medication in the morning dose and it is scheduled in the evening. The Special Care Coordinator at 4:20pm during the 5:00pm	D 358				
	-The SCC prepared	d donepezil 10mg for ne 5:00pm administration from					

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL001148	B. WING		R 04/12/2022	
NAME OF					04/1	2/2022
NAIVIE OF	PROVIDER OR SUPPLIER		IND OAKS B	STATE, ZIP CODE		
ALAMAN	ICE HOUSE		TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 358	Continued From page 34		D 358			
	-The SCC approach the donepezil 10 mgThe SCC was stop of the donepezil 10 packThe SCC destroye prepared. Interview with the Strevealed: -The SCC did not keep the morning multi-destroyed for 8:00pm adminis 03/15/22 for the medication was multi-dose packResident #7 could medication if she has 10 mgThe SCC expected morning medication donepezil 10 mg in the second street with the second street with s	hed Resident #7 to administer g. pped by the surveyor informed mg in the morning multi-dose and the donepezil 10mg she had a a cCC on 03/23/22 at 4:22pm anow donepezil 10mg was in lose pack. pezil 10mg was on the eMAR attration until orders received on edication to be administered at the was changed to 5:00pm. In anow why it was scheduled at trader was written for bedtime. In the standard of the evening dose until a placed in the evening where the donepezil do the MAs administering the last to have noticed the the morning multi-dose pack and a MA on 03/24/22 at least of the ed 6 out of 23 opportunities in she administered donepezil as ordered and least				

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available to administer.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					R		
		HAL001148	B. WING			2/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
ALAMAN	ICE HOUSE		ND OAKS B TON, NC 27	OULEVARD 215			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
	bottle of medication -The MA did not know dispensed in the medication Interview with the S revealed: -The MAs needed t compare each med with the medication -If the donepezil wa administered at 8:0 pulled from the mul -The SCC had not i the multi-dose pack and entered on the 8:00pmThe SCC would ha	red donepezil 10mg from the that was available. Ow the donepezil was alti-dose pack for 8:00am. CCC on 03/25/22 at 11:05am or ead the eMAR and dication in the multi-dose pack entered on the eMAR. It is not on the eMAR to be 0am, it should have been ti-dose pack and destroyed. In the donepezil was in a for administration at 8:00am eMAR for administration at a twe expected this to be caught and the strong to sudit.					
	The SCC would as complete the medic tomplete the medication was #7's PCP office on the medication was #7's diagnosis of de Telephone interview 03/28/22 at 9:29am - The Administrator the entry in the eMA hand three times be - The MA did not vermulti-dose pack wit - Had the MA verifie eMAR she would no donepezil 10mg wit pass.	art audits every week. ssign a different MA to cation cart each week. w with the nurse from Resident 03/25/22 at 11:55am revealed ordered because of Resident ementia. w with the Administrator on revealed: expected the MA to compare AR with the medications on efore administration. rify each medication in the					

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2766 GRAND OAKS BOULEVARD	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL00	148	B. WING			
2766 CRAND OAKS BOIL EVADD	NAME OF PROVIDER	ER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALAMANCE HOUSE BURLINGTON, NC 27215	ALAMANCE HOU	ALAMANCE HOUSE					
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CO	PREFIX (EAC	EACH DEFICIENCY MUST BE PREC	EDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	JLD BE	(X5) COMPLETE DATE
D 358 Continued From page 36 receive donepezil twice a day if the MAs did not remove the donepezil from the morning multi-dose pack. Refer to the telephone interview with a pharmacy technician from the facility's contracted pharmacy on 03/24/22 at 8:36am. Refer to the interview with the Special Care Coordinator (SCC) on 03/24/22 at 10:15am. Refer to the interview with the Administrator on 03/28/22 at 9:29am. 2. Review of Resident #2's current FL-2 dated 02/17/22 revealed: -Diagnoses included seizure disorder, hypertension, heart failure, dementia, and a history of cerebral aneurysmThere was an order for Depakote 500mg every 12 hours. (Depakote is used to treat seizure disorders). Review of Resident #2's hospital visit summary dated 02/18/22 revealed: -Resident #2's Depakote level was below therapeutic level (38). (The therapeutic range for Depakote is 50-100 mcg/mL)There was an order to increase Resident #2's evening Depakote dosage to 750mg and repeat labs in one week. Review of Resident #2's primary care provider's (PCP) after visit summary dated 02/124/22 revealed: -Resident #2 was seen for a follow-up to a recent seizure with a fall and emergency department	receive remove multi-do Refer to technici on 03/2 Refer to Coordin Refer to Coordin Refer to 03/28/2 2. Revie 02/17/2 -Diagnot hyperte history of There is 12 hour disorde Review dated 0 -Reside departm -Reside therape Depakor There is evening labs in or revealer revealer reside	ve donepezil twice a day if the twe the donepezil from the nedose pack. In to the telephone interview hician from the facility's control of the interview with the Spanish of the interview with the Addinator (SCC) on 03/24/22 at to the interview with the Addinator (SCC) on 03/24/22 at 9:29am. Eview of Resident #2's current of the included seizure discretension, heart failure, demonstrated and the interview with the Addinator (SCC) on 03/24/22 at 9:29am. Eview of Resident #2's current of the included seizure discretension, heart failure, demonstrated of the included seizure discretension, heart failure, demonstrated of the included seizure discretension of the included	with a pharmacy racted pharmacy ecial Care to 10:15am. ministrator on the FL-2 dated order, and a second every eat seizure visit summary ergency re and a fall. as below peutic range for Resident #2's and repeat care provider's 102/24/22 w-up to a recent	D 358			

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			, <u>20.25</u>		F	
		HAL001148	B. WING			2/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ΔΙ ΔΜΔΝ	ICE HOUSE	2766 GRA	ND OAKS B	OULEVARD		
ALAMAN	TOE TIOOOL	BURLING	TON, NC 27	215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 37	D 358			
	-Resident #2's Dep dated 02/22/22. (To >100)Plan was to stop R at bedtime and star (total 125mg) at bedtime of Resident dated 03/10/22 reversity was to follow seizureResident #2's Dep dated 03/04/22Resident #2's Dep with a therapeutic replan was to stop R Depakote 250mg (250mg give one tak Depakote 500mg e-There was docume	akote level was 94.1 on labs exicity may occur at levels desident #2's Depakote 250mg of ½ tablet of Depakote 250mg of the tablet of the tablet of tablet akote level was 54.6 on labs akote level was borderline low ange of 50-100. The tablet of tablet				
	-Referral made to have Resident #2 see Neurology for evaluation of seizure disorder.					
	summary dated 03/ -Instructions were to current Depakote root the morning, 250mg plus an additional 1-Referral was made (EEG) to evaluate a 3:00pm. (An EEG activity of the brain. Review of Resident medication administrevealed: -There was an entreduction of the state of the stat	o continue Resident #2's egimen of Depakote 750mg in g in the afternoon, and 500mg 25mg at bedtime. e for an electroencephalogram seizures on 03/31/22 at is used to record the electrical				

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DIVISION	of Health Service Re	eguiation	ī			
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	
		HAL001148	B. WING			` 2/2022
		HALOUT146			U4/ I	2/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		2766 GRA	ND OAKS B	OULEVARD		
ALAMAN	ICE HOUSE		TON, NC 27			
0/4) ID	CLIMMA DV CTA					()(5)
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
D 358	Continued From pa	uge 38	D 358			
D 330	Continued i Tom pa	ige 30	D 330			
	8:00am and 8:00pn					
	-There was docume	entation Depakote 500mg was				
	administered at 8:0	0am and 8:00pm from				
	02/01/22-02/28/22.					
		y for Depakote 250mg with a				
		tration time of 8:00pm.				
		entation Depakote 250mg was				
		0pm from 02/19/22-02/27/22.				
		y for Depakote 250mg				
		in addition to the 500mg with				
		istration time of 8:00pm.				
		entation ½ tablet of Depakote				
		stered at 8:00pm on 02/28/22.				
	-Resident #2's Dep	<u> </u>				
	administered 4 time					
		sident #2's PCP and Resident				
	•	mg was not started for 4 days				
	after the order was	changed.				
	Daview of Decident	HOLO Morab 2022 aMAD				
		t #2's March 2022 eMAR				
	revealed:	y for Donakota E00ma ayarı				
		y for Depakote 500mg every reduled administration time of				
	8:00am and 8:00pn					
	•	entation Depakote 500mg was				
		0am and 8:00pm from				
	03/01/22-03/08/22.	oam and oloopin nom				
		nd entry for Depakote 500mg				
		a scheduled administration				
	time of 7:00am and					
		entation Depakote 500mg was				
		0am and 7:00pm from				
		and at 7:00am on 03/15/22.				
		entry for Depakote 500mg				
		a scheduled administration				
	time of 7:00am and					
		entation Depakote 500mg was				
		0am and 7:00pm from				
	03/17/22-03/24/22.					
	-There was no docu	umentation Resident #2 was				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL001148	B. WING		R 04/1	2/2022
NAME OF PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
ALAMANCE HOUSE	2766 GRA	ND OAKS B	OULEVARD		
ALAWANCE HOUSE	BURLING	TON, NC 27	215		
PREFIX (EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
D 358 Continued From pag	je 39	D 358			
administered his 500 and there was no do 500mg was administivation time of the common and the co	Omg pm dose on 03/15/22 ocumentation Depakote stered on 03/16/22. for Depakote 250mg aily with a scheduled of 8:00am. mentation Depakote 250mg 8:00am; an exception was 1/22 that it had been for Depakote 250mg at bedtime in addition to the ewith a scheduled of 8:00pm. 1/2 tablet) 125mg was sinistered at 8:00pm from dentry for Depakote 250mg at bedtime in addition to the ewith a scheduled of 7:00pm. 1/2 tablet) 125mg was sinistered at 7:00pm from for Depakote 250mg take 1 etween the 500mg doses with stration time of 2:00pm. 1/2 tablet) 125mg was sinistered at 7:00pm from for Depakote 250mg doses with stration time of 2:00pm. 1/2 tablet) 125mg was sinistered at 7:00pm from 1/2 tablet) 125mg was s	D 358			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
	HAL001148	B. WING			R 12/2022
PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
IOE HOUGE	2766 GRA	AND OAKS BO	DULEVARD		
NCE HOUSE	BURLING	TON, NC 272	215		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
Continued From pa	ge 40	D 358			
eMAR Depakote 12 times at bedtime af stopped and Depak	5mg was administered 7 ter the order had been ote 250mg was administered				
hand on 03/24/22 a -There was a multic 03/24/22 for mornin medications, and be -The morning medi 03/24/22 contained -The afternoon med 03/24/22 contained -The evening medic	t 11:36am revealed: lose package labeled g medications, afternoon edtime medications. cation package labeled Depakote 500mg. lication package labeled Depakote 250mg. cation package labeled				
on 03/24/22 at 1:04 -Resident #2's origi for Depakote 500m 7-day supply was d -A 28-day supply of dispensed on 01/21 supply was dispensed on 02/18/22, fourte 250mg were dispensed minister at bedting -On 02/26/22, a new Depakote 250mg graddition to the 500m 125mg was dispensed on 03/04/22 an ad 125mg were dispensed on 03/11/22, six decrease.	pm revealed: nal order dated 01/14/22 was g every twelve hours and a ispensed. Depakote 500mg was /22 and 02/18/22 and a 7- day ed on 03/15/22. een tablets of Depakote ised with the directions to ne in addition to the 500mg. w order was received for ive ½ tablet at bedtime in ng and six doses of Depakote sed. ditional six doses of Depakote ised. oses of Depakote 250mg were				
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pa Based on review of eMAR Depakote 12 times at bedtime aff stopped and Depak twice on 03/13/22 w day. Observation of Res hand on 03/24/22 a -There was a multio 03/24/22 for mornin medications, and be -The morning medic 03/24/22 contained -The afternoon med 03/24/22 contained -The evening medic 03/24/22 contained -The pakote 500m 7-day supply was di -A 28-day supply of dispensed on 01/21 supply was dispens -On 02/18/22, fourte 250mg were dispens -On 02/26/22, a new Depakote 250mg gi addition to the 500m 125mg was dispens -On 03/04/22 an ad 125mg were dispens -On 03/04/22, six do 125mg were dispens -On 03/11/22, six do	PROVIDER OR SUPPLIER STREET AD 2766 GRA BURLING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 40 Based on review of Resident #2's March 2022 eMAR Depakote 125mg was administered 7 times at bedtime after the order had been stopped and Depakote 250mg was administered twice on 03/13/22 when the order was for once a day. Observation of Resident #2's medications on hand on 03/24/22 at 11:36am revealed: -There was a multidose package labeled 03/24/22 for morning medications, afternoon medications, and bedtime medicationsThe morning medication package labeled 03/24/22 contained Depakote 500mgThe afternoon medication package labeled 03/24/22 contained Depakote 250mgThe evening medication package labeled 03/24/22 contained Depakote 500mg. Telephone interview with a pharmacy technician on 03/24/22 at 1:04pm revealed: -Resident #2's original order dated 01/14/22 was for Depakote 500mg every twelve hours and a 7-day supply was dispensedA 28-day supply of Depakote 500mg was dispensed on 01/21/22 and 02/18/22 and a 7- day supply was dispensedA 28-day supply of Depakote 500mg was dispensed on 01/21/22 and 02/18/22 and a 7- day supply was dispensed with the directions to administer at bedtime in addition to the 500mgOn 02/26/22, a new order was received for Depakote 250mg give ½ tablet at bedtime in addition to the 500mg and six doses of Depakote 125mg was dispensedOn 03/04/22 an additional six doses of Depakote 125mg were dispensed.	PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S' 2766 GRAND OAKS BE BURLINGTON, NC 273 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 40 D 358 Based on review of Resident #2's March 2022 eMAR Depakote 125mg was administered 7 times at bedtime after the order had been stopped and Depakote 250mg was administered twice on 03/13/22 when the order was for once a day. Observation of Resident #2's medications on hand on 03/24/22 at 11:36am revealed: -There was a multidose package labeled 03/24/22 for morning medications, afternoon medications, and bedtime medicationsThe morning medication package labeled 03/24/22 contained Depakote 500mgThe afternoon medication package labeled 03/24/22 contained Depakote 500mg. The evening medication package labeled 03/24/22 contained Depakote 500mg. Telephone interview with a pharmacy technician on 03/24/22 at 1:04pm revealed: -Resident #2's original order dated 01/14/22 was for Depakote 500mg every twelve hours and a 7-day supply was dispensedA 28-day supply of Depakote 500mg was dispensed on 01/21/22 and 02/18/22 and a 7- day supply was dispensed on 03/15/22On 02/18/22, fourteen tablets of Depakote 250mg were dispensed with the directions to administer at bedtime in addition to the 500mgOn 02/26/22, a new order was received for Depakote 250mg was dispensedOn 03/04/22 an additional six doses of Depakote 125mg was dispensedOn 03/11/22, six doses of Depakote 250mg were	A BUILDING: HAL001148 BYING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) COntinued From page 40 D 358 Based on review of Resident #2's March 2022 eMAR Depakote 125mg was administered 7 times at bedtime after the order had been stopped and Depakote 250mg was administered twice on 03/13/22 when the order was for once a day. Observation of Resident #2's medications on hand on 03/24/22 at 11:36am revealed: -There was a multidose package labeled 03/24/22 contained Depakote 500mgThe evening medication package labeled 03/24/22 contained Depakote 500mgThe pakote 500mg every twelve hours and a 7-day supply was dispensed on 03/15/22On 02/18/22, unteen tablets of Depakote 250mg was dispensed on 01/21/22 and 02/18/22 and a 7- day supply was dispensed with the directions to administer at bedtime in addition to the 500mgOn 02/18/22, a new order was received for Depakote 250mg were dispensed with the directions to administer at bedtime in addition to the 500mgOn 02/26/22, a new order was received for Depakote 250mg was dispensedOn 03/04/22 and additional six doses of Depakote 125mg was dispensedOn 03/04/22 and additional six doses of Depakote 125mg was dispensedOn 03/04/22 and additional six doses of Depakote 125mg was dispensedOn 03/04/22 as was offered to the six of the pake to the pak	OF CORRECTION IDENTIFICATION NUMBER: HALO01148 B. WING D. WING

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STATE FORM 6899 05H211 If continuation sheet 41 of 105

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		HAL001148	B. WING			2/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
ALAMANCE HOUSE			ND OAKS B TON, NC 27	OULEVARD 215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
	dispensed every 7-42's Depakote 500r 250mg once daily. Telephone interview Neurologist office or revealed: -Resident #2 was so 03/15/22Resident #2's eMA Neurologist on the o-The Neurologist on the o-The Neurologist wataking the Depakote 250mg midday, and bedtimeThe Depakote dos #2's eMARsResident #2's Depayon the visit to the en 02/18/22 and the Now listed on Resident #2 was may need to be tak another Depakote In much	idose packages were now days and contained Resident mg twice a day and Depakote with a nurse at Resident #2's in 03/25/22 at 8:17am een by the Neurologist on Rs were provided to the day of the appointment. anted Resident #2 to continue e 750mg in the morning, if 500mg plus 125mg at age was obtained off Resident akote level had been really low mergency department on eurologist thought the amount f2's eMAR was the dosage eing administered. In not taking "that much" he ing more and would need evel drawn to determine how eded to be administered to utic range. It to clarify the order or to notify was not taking the Depakote and ordered to be continued. We with Resident #2's PCP on revealed: Resident #2's visit summary st. In a sked her multiple times to se Depakote order when she	D 358			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY PLETED	
		HAL001148	B. WING			R 12/2022
	PROVIDER OR SUPPLIER	2766 GRA	DRESS, CITY, S AND OAKS B TON, NC 27		·	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	-She did not unders about the Depakote was concerned the administered correct. She was making mon her assuming the and administered corse ended to have dosages of Depakote to Resident #2 to demedication. -If Resident #2's Decorrectly and she was unnecessary changetests. -If Resident #2's Decorrectly and she was unnecessary changetests. -If Resident #2's Decorrectly and she was too low. Interview with Resident her become toxic if the or he could have seen was too low. Interview with Resident was the first or the saw the Neurol The Neurologist seen that he would leave may need to increate the medical increase the medical increase the medical coordinator (RCC) the computer if the same concerned to the computer in the same concerned to the com	stand what had been confusing order for Resident #2 and medication had not been citly. Inedication adjustments based e orders had been changed orrectly with each change. We an accurate reflection of the ote that had been administered etermine how to titrate the epakote was not administered as not aware, she was making use and ordering unnecessary epakote was not titrated esident's Depakote level could Depakote level was too high eizures if the Depakote level dent #2 on 03/25/22 at 9:48am when he lived at "the other had a seizure "last month" he since moving to this facility. The original or	D 358			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		_	
		HAL001148	B. WING		04/1	? 2/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOUSE			OULEVARD		
			TON, NC 27			I
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU! CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 43	D 358			
	she was not sure of -She administered current order was ir -She did not recall a #2's Depakote othe Depakote that was each morning.	medication based on what the				
	revealed: -She was the RCC today, 03/25/22She was responsite the assisted living range. The pharmacy state eMAR and the order accepted by the RC Coordinator (SCC)When medications compared to the rematched before the medication cartShe did not know what been administed. She thought the Market with the ½ tablet of the detailsShe did not know who was the same accepted by the RC Coordinator (SCC).	but was working as the MA ple for processing all orders for esidents. If entered orders into the ers were then reviewed and CC or the Special Care s were delivered, they were sident's eMAR to ensure they emedication was put on the entered incorrectly. As were not paying attention. had been some confusion Depakote but did not recall why there were multiple entries				
	of Depakote on Res -When Resident #2 the changes should immediatelyIf Depakote 250mg should have been s order was received -If the Depakote 12	sident #2's eMAR. I had changes in his Depakote, I have been made g was stopped at bedtime, it stopped the same day the 5mg was stopped at bedtime, i stopped the same day the				

Division of Health Service Regulation

STATE FORM 6899 05H211 If continuation sheet 44 of 105

NAME OF PROVIDER OR SUPPLIER PREFIX TAGS TREET ADDRESS, CITY, STATE, ZIP CODE 2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215 PREFIX TAGS TAGS TAGS TAGS TAGS	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215 [X4] ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG WOMEN TO BE CROSS-REFERENCED TO THE APPROPRIATE DATE OMELITY TAG CONTINUED FROM THE PROPERTIES OF COMPLETE CO			A. BUILDING:			
ALAMANCE HOUSE Continued From page 44 She expected the MAs to read the order and the order that was being administered. She should have compared the Neurologist note to Resident #2's current orders. She was concerned Resident #2 was not getting his Depakote administered correctly and put him at risk of having seizures. Interview with the Divisional Clinical Director on 03/25/22 at 3:51pm revealed:		HAL001148	B. WING			
SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION (X5)	NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 44 -She usually made rounds with the PCP or they would leave new orders and she would review the orders and scan them to the pharmacyShe expected the MAs to read the order on the eMAR, compare it to the medication to be administered and if there was something they were not sure about, ask for clarificationAfter Resident #2 saw the Neurologist there were no changes in the Depakote order; she read the order and the order said to keep the same dosesShe did not realize the dosage the Neurologist had documented was different than the Depakote that was being administeredShe should have compared the Neurologist note to Resident #2's current ordersShe was concerned Resident #2 was not getting his Depakote administered correctly and put him at risk of having seizures. Interview with the Divisional Clinical Director on 03/25/22 at 3.51pm revealed:	ALAMANCE HOUSE					
-She usually made rounds with the PCP or they would leave new orders and she would review the orders and scan them to the pharmacyShe expected the MAs to read the order on the eMAR, compare it to the medication to be administered and if there was something they were not sure about, ask for clarificationAfter Resident #2 saw the Neurologist there were no changes in the Depakote order; she read the order and the order said to keep the same dosesShe did not realize the dosage the Neurologist had documented was different than the Depakote that was being administeredShe should have compared the Neurologist note to Resident #2's current ordersShe was concerned Resident #2 was not getting his Depakote administered correctly and put him at risk of having seizures. Interview with the Divisional Clinical Director on 03/25/22 at 3:51pm revealed:	PREFIX (EACH DEFICIENCY MUS	ST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	_D BE	COMPLETE
processing orders. -The order was sent to the pharmacy and when the medication was delivered to the facility, the order was approved in the eMAR, and the medication was to be administered per the order. -On 02/24/22 and 03/10/22, if the PCP stopped the medication, she expected the medication to be stopped immediately. -She was concerned the medication was not being administered correctly and the physicians' orders were not being followed in a timely manner. -She expected the RCC to have clarified the order from Resident #2's Neurologist's visit summary. -She was concerned Resident #2 was possibly being administered the incorrect dosage of	-She usually made roun would leave new orders orders and scan them to -She expected the MAs eMAR, compare it to the administered and if ther were not sure about, as -After Resident #2 saw were no changes in the the order and the order doses. -She did not realize the had documented was di that was being administrated at risk of having seizure. Interview with the Division 03/25/22 at 3:51pm reversing ordersThe Care Coordinators processing ordersThe order was sent to the medication was delivorder was approved in the medication was to be accompacted to the medication, she explosed immediately she was concerned the being administered corrorders were not being formannerShe expected the RCC order from Resident #25 summaryShe was concerned Resident #25 summary.	and she would review the to the pharmacy. It is to read the order on the re was something they sk for clarification. It is Neurologist there is Depakote order; she read is said to keep the same is dosage the Neurologist different than the Depakote tered. It is not getting the parent of the Neurologist note is orders. It is not getting the pharmacy and put him is seen. It is not getting the pharmacy and when it is were responsible for the pharmacy and when it is were responsible for the pharmacy and the idministered per the order. O/22, if the PCP stopped pected the medication to by the medication was not rectly and the physicians' followed in a timely the sident #2 was possibly is sident #2 was possibly in the sident #2 was possibly in the pharmacy and the physicians' followed in a timely the sident #2 was possibly in the pharmacy and the physicians' followed in a timely the sident #2 was possibly in the pharmacy possibly pharmacy possibly in the pharmacy possibly	D 358	DEFICIENCY		

Division of Health Service Regulation STATE FORM

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					F	R
		HAL001148	B. WING			2/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ALAMAN	ICE HOUSE		ND OAKS B TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	3:51pm revealed: -She expected med ordered and was concerned and was concerned the last concerned to	dministrator on 03/25/22 at dications to be administered as oncerned Resident #2's ad not been followed. RCC to call and clarify akote order to make sure the administered the Depakote note to continue the current ally what the resident was do not continue it. The interview with a second shift 12:07pm was unsuccessful. The interview with a pharmacy facility's contracted pharmacy am.	D 358			
	Refer to the intervie 03/28/22 at 9:29am 3. Review of Reside 02/10/22 revealed or rheumatoid arthritis amputation at laterathe right leg. Review of Resident 02/10/22 revealed: -There was an order insulin (SSI) (used follows: 151-200=6	ent #3's current FL-2 dated				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COIVIE	LETED
					F	₹
		HAL001148	B. WING			2/2022
		1				
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ΔΙ ΔΜΔΝ	ICE HOUSE	2766 GRA	ND OAKS B	OULEVARD		
ALAMAI	TOL HOUSE	BURLING	TON, NC 27	215		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIAIE	DATE
				DEI IOIEI (O		
D 358	Continued From pa	ge 46	D 358			
	There were an orde	er to call the primary care				
		er to call the primary care				
		esident #3's finger stick blood				
		ess than 60 or greater than				
	450.					
	Tolonhono intonviou	with a pharmany tanhninian				
		with a pharmacy technician				
		contracted pharmacy on				
	03/23/22 at 4:32pm	revealed: ed into the electronic				
	_					
	medication administration record (eMAR) system by the pharmacy and were approved by the					
		id were approved by the				
	facility staff.					
		ould also enter orders and				
		not need to be approved or				
	denied by the pharr					
		denied the Lispro insulin pen				
		ormulary (Aspart) was				
		ent #3's PCP on 03/09/22.				
		rt was keyed into the eMAR				
		2 by the pharmacy staff.				
		taff at the facility reported the				
	resident had Lispro	on hand and the order for				
	Aspart was not filled	d at that time.				
		was requested to be filled on				
	03/13/22.					
		s only able to add the order in				
	and any additional I					
		he amount of insulin				
	administered and the					
	responsibility of the	facility staff through the				
	eMAR system.					
		:#3's eMAR for March 2022				
	revealed:					
		y for Lispro insulin pen 100				
		efore meals and at bedtime;				
	151-200=6 units, 20	01-250=10 units, 251-300=14				
	units, 301-350=18 เ	units, and 350 or greater=18				
	units.	<u>-</u>				
	-There was docume	entation from				

Division of Health Service Regulation

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	Of Fleatin Service IN				0.00	01151/51/
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	` '	E CONSTRUCTION	(X3) DATE	
AND LEWIN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	₹
		HAL001148	B. WING			2/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ΔΙ ΔΜΔΝ	ICE HOUSE		ND OAKS B			
/ (L/ (III/ (I	BURLING		TON, NC 27	215		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIAIE	DAIL
				,		
D 358	Continued From pa	ge 47	D 358			
	03/01/22-03/12/22	at 7:30am, 12:00pm, 5:00pm,				
	and 7:00pm of Res	ident #3's FSBS results, the				
	number of units adr	ninistered, and the site.				
	-There was docume	entation on 03/13/22 at				
	12:00pm, Resident	#3's insulin was not				
	administered with the	ne reason documented as				
	discontinued.					
	-There was documentation on 03/15/22 at					
	7:30am, Resident #3's FSBS results, the number					
	of units administere					
		umentation after 03/15/22 at				
		ro entry; each column dated				
		ad an "x" in place of an entry.				
		y dated 03/13/22 for Aspart				
	•	SI administered before meals				
		1-200=6 units, 201-250=10				
		units, 301-350=18 units, and				
		units with scheduled times of				
		5:00pm, and 8:00pm.				
		space for documentation of the				
		MA) initials with documentation				
	beginning on 03/13	y for FSBS four times daily				
		es of 6:00am, 12:00pm,				
		n with a beginning entry of				
	03/18/22 at 5:00pm					
		entation Resident #3's FSBS				
		nes from 03/18/22 at 5:00pm				
	through 03/25/22 at					
		he 25 times Resident #3's				
		I that SSI would need to be				
	administered.					
	-There was no docu	umentation Lispro or Aspart				
		for 22 out of 25 opportunities				
	from 03/18/22 to 03					
		ce on the eMAR to document				
	the amounts of insu					
	-There was no othe	r documentation related to				
	whether SSI was ac	dministered or the amount				

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administered 22 times between

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
74401 1544	OF CONTROL	IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL001148	B. WING		04/1	२ 2/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOUSE		ND OAKS B TON, NC 27	OULEVARD 215		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ige 48	D 358			
	03/18/22-03/25/22 SSI order.	when insulin was required per				
	Review of Resident #3's vitals log on 03/25/22 revealed the resident's FSBS were recorded but there was no documentation of the amount of SSI that was administered.					
	Based on review of Resident #3's March 2022 eMARs, it could not be determined whether the resident's Lispro and/or Aspart insulin was administered as ordered per sliding scale. Observation of Resident #3's medications on hand on 03/23/22 at 3:12pm revealed: -There was an Aspart insulin pen on hand for SSI administration; the pen was opened on 03/18/22. -There were no other Aspart or Lispro pens on hand.					
	-On 03/13/22, a MApharmacy at 11:54a -On 03/13/22, the sto the pharmacy at Lispro being discort-On 03/13/22, the sto the pharmacy at	ame MA documented talking 12:09pm, and Resident #3's scontinued and Aspart would				
	3:49pm revealed: -She worked this paragraph -Resident #3 had a -She did not recall in Resident #3 when such she recalled there how much SSI was	f she had administered SSI for				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BOILDING.		,	R	
	HAL001148	B. WING			2/2022	
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
ALAMANCE HOUSE		ND OAKS B TON, NC 27				
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
displayed how many administered based -She did not recall if was no place to docu-There had been son month (March 2022) going to administer FL Lispro had been discorder for the AspartShe called the phangoing to send the Asport recall the date). Interview with Reside revealed: -He was on an SSIHis FSBS was order a day, before breakfabedtimeHe did not know how administered when held he was administered when held he was administeredHe knew he missed couple of weeks ago confusion with the ordose that day. Interview with Reside 8:52am revealed: -Resident #3 was ad recover from post an would return home of healed.	in the eMAR, and the system units of insulin needed to be on the sliding scale. She had told anyone there ument the SSI administered. The confusion earlier in the because when she was resident #3's insulin, the continued and there was no expart pen that day. (She did ent #3 on 03/23/22 at 3:50pm ared to be checked four times ast, lunch, and dinner, and at w much SSI was the had his FSBS checked. The SBS was over 300. We much SSI was a dose of his Lispro insulin a because there was some order, but he only missed one ent #3's PCP on 03/24/22 at limitted to the facility to inputation and healing and once his amputation had so was a "disaster" and often	D 358				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
						R	
		HAL001148	B. WING			12/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ALAMAN	ICE HOUSE		AND OAKS B STON, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 358	administered as ord- If Resident #3's SS administered, or the not documented, the resident's insulin had many units were give- If Resident #3's SS ordered he would e wounds due to his Itelerated. Resident #3 had to clinic and receive he because he had exe- If Resident #3's FS not receive SSI as a diabetic ketoacidos complication where blood acids (ketone hospital. Telephone interview assistant (PA) at the 11:11am revealed: Resident #3 was b with a goal to heal to Resident #3 could to home. If a resident's FSB treated, it could slow Interview with the Revealed: Pharmacy staff en it was accepted by Resident #3's SSI it had been change Resident #3's FSB 03/24/22, and he w SSI. She read the direct	dered. SI was not documented as a number of units given were sen she could not be sure the ad been administered or how wen. SI was not administered as experience poor healing to his FSBS being uncontrolled. The being the being uncontrolled on the referred to the wound ome health for wound care perienced poor healing. SBS was elevated and he did ordered he could go into its [A serious diabetes of the body produces excess of the body produces and the wound clinic the resident's wounds so use his prosthesis and return of the produces of the body produces are the wound clinic the resident's wounds so use his prosthesis and return of the produces of the body produces are the wound clinic the resident's wounds so use his prosthesis and return of the produces of the	D 358	EL, IOILM			

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	or riealth Service IN				I	
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					F	,
		HAL001148	B. WING		04/12/2022	
					1 07/1	_,
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ΛΙ ΛΜΛΝ	ICE HOUSE	2766 GRA	ND OAKS B	OULEVARD		
ALAMAN	ICE HOUSE	BURLING [*]	TON, NC 27	215		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	DN	(X5)
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
				22.10.2.10.7		
D 358	Continued From pa	ge 51	D 358			
	document the amou	unt of insulin administered.				
	-If there was no pla	ce to enter the amount of				
		d it would be documented on				
	the vital log.					
	-There was usually	somewhere to document the				
	amount of SSI adm	inistered.				
	-Resident #3's orde	r to check his FSBS and				
		order dropped off the eMAR				
	and she did not kno					
		omeone (she did not recall				
		rporate that the entry for				
		site had dropped off the				
	eMAR.					
		when she administered SSI				
	insulin.					
		mes document the amount of				
	insulin administered					
		ain why there was no				
		esident #3's vital log or				
	exceptions of the al	mount of SSI administered.				
	Interview with a MA	on 03/25/22 at 10:42am				
	revealed:					
	-Resident #3 was o					
		ident #3's order on the eMAR				
		SSI was to be administered.				
	-She documented h					
		ne site it was administered.				
	-When the FSBS re	,				
		ount to be administered				
		metimes the amount to be				
	administered did not. -If the amount to be administered did not "pop up"					
		administered did not "pop up" nt the amount administered on				
	Resident #3's vital I					
		og. ssue to the RCC multiple				
	times.	sade to the NOO multiple				
		SI was not documented staff				
		ne SSI was administered or				

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not.

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.		R	
		HAL001148	B. WING			2/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOUSE			OULEVARD		
			TON, NC 27	215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
D 358	Continued From page 52		D 358			
	O3/24/22 at 3:33pm -She had retrained medication adminis -If a resident was o to check the FSBS on the sliding scale -There should be at and the amount of ite eMARIf the amount of St documented, then ite -She would have exporder for Resident at to reflect the amount of the expected Resident at the expected Resident at the state of the sta	all MAs on orders and stration on 01/24/22. In SSI, she expected the MAs and administer insulin based. In entry for Resident #3's FSBS insulin administered in the SI administered was not to was considered as not done. Spected the RCC to review the #3's SSI and correct the eMAR and of insulin administered. Idministrator on 03/25/22 at ident #3's SSI to have been SSI was administered. BY would have expected the MA to RCC and the RCC would fix the eMAR system administrators in corrected. In interview with Resident #3's on 03/24/22 at 10:45am was one interview with a pharmacy facility's contracted pharmacy				
	Refer to the intervie	w with the Administrator on				

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03/28/22 at 9:29am.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					R 04/12/2022	
		HAL001148	B. WING			
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ΔΙ ΔΜΔΝ	ICE HOUSE		ND OAKS B			
ALAMAN	IOE HOUSE	BURLING	TON, NC 27	215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 358	4. Review of Resident #5's current FL-2 dated 01/27/22 revealed diagnoses included chronic obstructive pulmonary disease, seasonal allergies and vascular dementia. a. Review of Resident #5's physician's orders dated 01/27/22 revealed an order for carbamazepine (used to treat mood swings) 200mg twice a day. Review of Resident #5's February 2022 electronic medication administration record (eMAR) revealed: -There was an entry for carbamazepine 200mg with a scheduled administration time of 8:00am and 8:00pm. -There was documentation carbamazepine 200mg was administered twice a day from 02/01/22 to 02/28/22 at 8:00am and 8:00pm.		D 358			
	revealed: -There was an entry with a scheduled ac and 8:00pmThere was docume 200mg was adminis	#5's March 2022 eMAR y for carbamazepine 200mg dministration time of 8:00am entation carbamazepine stered twice a day from 2 at 8:00am and 8:00pm.				
	on 03/24/22 at 10:4 -There was a bubbl carbamazepine 200 01/24/22; there was -There was a secon carbamazepine 200 1/24/22; there was a third but the second	e pack labeled Img with a dispense date of 8 8 of 30 tablets remaining. Ind bubble pack labeled Img with a dispense date of 26 of 30 tablets remaining.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL001148	B. WING			R 12/2022
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOUSE		AND OAKS B STON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOU (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 358	02/18/22; there wer-There was a fourth carbamazepine 200 02/18/22; there wer Telephone interview from the facility's co 03/24/22 at 12:31pr-There was an ordetwice a dayThe pharmacy dispcarbamazepine 200 02/18/22Sixty tablets of cardays. Based on eMAR do dispensing records there were 210 opp Resident #5's carba as ordered; there wadministration as of only be 30 tablets retaility's contracted 8:13am revealed: -Carbamazepine wafor people with demicontrolling behavior resident #5 could swings and behavior medication was not Interview with the mod/24/22 at 10:55ar-The pharmacy sen	e 30 of 30 tablets remaining. bubble pack labeled mg with a dispense date of e 30 of 30 tablets remaining. with a pharmacy technician outracted pharmacy on m revealed: or for carbamazepine 200mg pensed 240 tablets of omg between 12/07/21 to obamazepine would last 30 cumentation, medication and medications on hand, ortunities to administer of mazepine 200mg twice a day ere 94 tablets remaining for fo3/23/22 when there should omaining. with the Pharmacist at the pharmacy on 03/25/22 at as used to treat mood swings rentia and to assist with and outburst. have an increase in mood oral disturbances if the administered as ordered. medication aide (MA) on m revealed:	D 358			
	same timeShe did not know v	vhy the pharmacy sent				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:	` ,			LETED
			A. DOILDING.		_	
HAL001148		HAL001148	B. WING		04/1	₹ 2/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
A A.	IOE HOUSE	2766 GRA	ND OAKS B	OULEVARD		
ALAWA	ICE HOUSE	BURLING	TON, NC 27	215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 55	D 358			
	February's medication in January and pre-dated the bubble packs. Interview with the Special Care Coordinator (SCC) on 03/25/22 at 11:46am revealed: -Resident #5 should not have extra medication on handThe pharmacy sent enough medication for 30 days; the SCC would re-order the medication when the MAs pulled the re-order sticker and placed the sticker on the re-order formIt appeared Resident #5 was not being administered his medications as orderedShe expected the MAs to administer medications as ordered. Interview with Resident #5's Primary Care Provider (PCP) on 03/28/22 at 12:46pm revealed: -Carbamazepine was used to treat mood swingsResident #5 could have an increase in mood swings if the medication was not administered as orderedThe PCP could increase the carbamazepine based on information provided by the staff regarding increase in mood swings, but the information provided would be incorrect because carbamazepine was not being administered as ordered.					
	9:29am revealed: -She did not know verbamazepine table administration.	dministrator on 03/28/22 at why there were so many lets remaining for e administering medications				
		ons, interviews, and record ermined Resident #5 was not				

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STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL001148	B. WING		R 04/12/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ALAMANCE HOUSE 2766 GR BURLING			OULEVARD 215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
D 358	Continued From page 56		D 358			
	dated 01/27/22 reversible Ellipta (used to prevasthma) 100-62.5-2 Review of Resident medication administrevealed: -There was an entry 100-62.5-25mcg with time of 8:00amThere was documents	ent #5's physician's orders ealed an order for Trelegy vent and control symptom of 25mcg inhale 1 puff daily. #5's February 2022 electronic tration record (eMAR) y for Trelegy Ellipta th a scheduled administration entation Trelegy Ellipta was from 02/01/22 to 02/28/22 at				
	Review of Resident #5's March 2022 eMAR revealed: -There was an entry for Trelegy Ellipta 100-62.5-25mcg with a scheduled administration time of 8:00am. -There was documentation Trelegy Ellipta was administered daily from 03/01/22 to 03/08/22 at 8:00am. -There was an electronic entry that Trelegy Ellipta was discontinued on 03/08/22. -There was a second entry for Trelegy Ellipta 100-62.5-25mcg with a scheduled administration time of 8:00am. -There was documentation Trelegy Ellipta was administered daily from 03/19/22 to 03/24/22 at 8:00am.					
	on 03/24/22 at 10:5 -There was a box la dispense date of 03 and unopenedThere was a secor	ident #5's medication on hand i1am revealed: abeled Trelegy Ellipta with a 3/08/22; the box was sealed and box labeled Trelegy Ellipta e of 01/29/22; the box was				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	2
		HAL001148	B. WING			2/2022
		HALOUTIAG			U-4/ I	ZIZUZZ
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		2766 GRA	ND OAKS B	OULEVARD		
ALAMAN	ALAMANCE HOUSE BURLING		TON, NC 27	215		
(V4) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION)NI	(VE)
(X4) ID PREFIX		/ MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
				DEFICIENCY)		
D 358	Continued From pa	ge 57	D 358			
D 000	Continued i Tom pa	ge 57	D 000			
	opened on 01/30/22	2.				
	-The second box co	ontained a Trelegy Ellipta				
	inhaler with 21 inha	lations remaining.				
	Telephone interviev	v with a pharmacy technician				
		ontracted pharmacy on				
	03/24/22 at 12:31pr					
		l an order for Trelegy Ellipta				
		y with an order date of				
	01/30/22.					
		pensed three Trelegy Ellipta				
	inhaler from 11/07/2					
		er has 30 doses of medication				
	in each inhaler.					
	-One Trelegy inhale	er should last 30 days.				
		ocumentation, medication				
		dications on hand, Resident #5				
		ed his Trelegy Ellipta for more				
	than 51 times.					
		with the Pharmacist at the				
		pharmacy on 03/25/22 at				
	8:13am revealed:					
		used for maintenance of				
		pulmonary disease (COPD)				
	and asthma.					
		experience shortness of				
		ation was not administered as				
	ordered.					
	Intonious with the	andications side (MAA) as				
	Interview with the medications aide (MA) on 03/24/22 at 10:55am revealed:					
		Trelegy Ellipta inhaler as				
	ordered.	aift when the medication was				
		nift when the medication was				
	to be administered.	wherethe are success 0.4 to 1 of the first				
		why there were 21 inhalations				
		aler that was dated opened on				
	U1/30/22 and only h	nad 30 inhalations available for				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL001148	B. WING		R 04/12/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
ALAMAN	ICE HOUSE		ND OAKS B TON, NC 27	OULEVARD 215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 58	D 358			
	administration.					
	(SCC) on 03/25/22 -Resident #5 should handThe pharmacy sendays and then the Smedication when the sticker and placed of the administered his medication when the sticker and placed of the sticker and placed that Residual has been sendant as the sticker and placed that Residual has been sendant as the sticker and placed that Residual has been sendant as the sticker and placed that Residual has been sendant as the sticker and placed that Residual has been sendant as the sticker and placed that the sticker and placed	special Care Coordinator at 11:46am revealed: d not have extra medication on at enough medication for 30 SCC would re-order the se MAs pulled the re-order on the re-order form. esident #5 was not being edications as ordered. dminister the medications as				
	Care Provider (PCF revealed: -Trelegy Ellipta was used to treat COPD-Trelegy Ellipta was measureResident #5 could	w with Resident #5's Primary P) on 03/28/22 at 12:46pm s a combination of medications 0. s used as a preventive have an acute COPD flare up were not administered as				
	03/28/22 at 9:29am -The Administrator Trelegy Ellipta to be orderedShe did not know v inhalation doses of inhaler that was date	w with the Administrator on revealed: expected Resident #5's administered daily as why there would be 21 Trelegy Ellipta remaining in an ted as opened on 01/30/22. MAs to administer medications				
		ons, interviews, and record ermined Resident #5 was not				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _		(X3) DATE SURVEY COMPLETED		
		HAL001148	B. WING		R 04/12/2022	
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
ALAWA	NCE HOUSE	BURLING	STON, NC 272	15		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	D 358 Continued From page 59		D 358			
	dated 01/27/22 reve (used to treat mood	ent #5's physician's orders ealed an order for rivastigmine d swings) 9.5mg/24hour apply one patch topically daily tch.				
	Review of Resident #5's February 2022 electronic medication administration record (eMAR) revealed: -There was an entry for rivastigmine 9.5mg/24hour transdermal patch with a scheduled administration time of 9:00amThere was documentation rivastigmine 9.5mg/24hour transdermal patch was administered from 02/01/22 to 02/28/22 at 9:00am.					
	revealed: -There was an entry 9.5mg/24hour trans scheduled administ -There was docume 9.5mg/24hour trans	sdermal patch with a tration time of 9:00am. entation rivastigmine				
	on 03/24/22 at 10:4 lock bag labeled riv	sident #5's medication on hand 7am revealed there was a zip rastigmine 9.5mg/24hour patch te of 12/25/21; there were 6 of ng.				
	from the facility's co 03/24/22 at 12:31pi -The pharmacy had rivastigmine 9.5mg.	w with a pharmacy technician ontracted pharmacy on m revealed: If a physician's order for my state of the my s				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		HAL001148	B. WING			R 12/2022
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
ALAMAN	NCE HOUSE		AND OAKS BO GTON, NC 272			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	-The pharmacy disprivastigmine 9.5mg/12/25/21The pharmacy had 9.5mg/24hours pateThe medication ware-ordered by the farmacy had dispensing record a Resident # 5's rivas not administered 12 Telephone interview facility's contracted 8:13am revealed: -Rivastigmine 9.5m was used to treat mabilitiesResident #5 could memory loss and faif the resident did norderedResident #5 may had disturbances if not ordered. Interview with the mo3/24/22 at 10:55arline MA administer patch as orderedWhen the new ord delivered, another if the zip lock bag with date and placed the with the dispense desident in the control of the control	pensed 90 patches of /24hours from 08/21/21 to dispensed rivastigmine ches since 12/25/21. The dispensed when it was acility staff. Incumentation, medication and medications on hand, stigmine 9.5mg patches was 29 times. In with the Pharmacist at the pharmacy on 03/25/22 at g/24hour transdermal patch nemory loss and cognitive experience an increase of aster decline in cognitive ability of receive the medication as have an increase in behavioral receiving the medication as the dication aide (MA) on more revealed: The red Resident #5's rivastigmine er of rivastigmine patches was MA removed the patches from the most recent dispense to patches in the zip lock bag ate of 12/25/21. Why the patches were moved				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	
		HAL001148	B. WING		04/1	2/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOUSE		ND OAKS B TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	(SCC) on 03/25/22 -The SCC did not k rivastigmine patche 12/25/21It did not appear R rivastigmine patche -The pharmacy sen days and then the S medication when th sticker and placed o -It appeared Reside administered his m -The MAs should a ordered. Telephone interviev Care Provider (PCF revealed: -Rivastigmine was dementia to slow do cognitive issuesResident #5 may h behaviors and expe memory if not recei ordered. Telephone interviev 03/28/22 at 9:29am -She expected Res to be placed topical -She expected the as ordered. Based on observati reviews, it was dete interviewable.	at 11:46am revealed: now why Resident #5's es had not been ordered since esident #5 received his es as ordered. It enough medication for 30 ECC would re-order the es MAs pulled the re-order on the re-order form. Ent #5 was not being edications as ordered. Idminister the medications as W with Resident #5's Primary O on 03/28/22 at 12:46pm used in residents with own memory loss and have an increase in cognitive erience a rapid decline in his ving the medication as W with the Administrator on a revealed: ident #5's transdermal patch	D 358			
		facility's contracted pharmacy				

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on 03/24/22 at 8:36am.

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE	SURVEY
7001 120	OF CONTROL OF THE CON	IDENTIFICATION NO.	A. BUILDING:			
		HAL001148	B. WING			२ 2/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOUSE		AND OAKS B TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 62	D 358			
	Coordinator (SCC) Refer to the intervie	ew with the Special Care on 03/24/22 at 10:15am.				
	revealed diagnoses behavioral disturba	ent #4's FL-2 dated 02/23/22 s included dementia with nces, diabetes mellitus 2, estive heart failure and				
	dated 02/23/22 rev	ent #4's physician's orders ealed an order for folic acid supplement) 1mg daily.				
		t #4's physician's orders dated an order to discontinue folic				
	medication administrevealed: -There was an entrescheduled administred daily:	t #4's March 2022 electronic stration record (eMAR) y for folic acid 1mg daily with a tration time of 8:00am. entation folic acid 1mg was from 03/03/22 to 03/20/22. tronic entry to discontinue folic 22.				
	hand on 03/23/22 a multi-dose pack for	ident #4's medications on at 2:40pm revealed there was a the morning of 03/24/22 dose pack contained 1 folic				
		v with a pharmacy technician ontracted pharmacy on o revealed:				

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05H211 If continuation sheet 63 of 105

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.		_	,
		HAL001148	B. WING		04/1	2/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOUSE			OULEVARD		
			TON, NC 27	215		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 63	D 358			
	-The pharmacy had an FL-2 on file dated 02/23/22The signed FL-2 had a signed order for folic acid 1mg dailyThe folic acid had been dispensed in the multi-dose packs on 03/11/22, 03/18/22 and 03/25/22.					
	dated 03/17/22 to d	I not received new orders liscontinue folic acid 1mg.				
	Based on eMAR documentation, medication dispensing records and medications on hand it was determined that Resident' #5's folic acid 1mg was administered 7 times after it had been discontinued.					
	facility's contracted 8:13am revealed: -Folic Acid was a si deficiency of folic a -A resident who rec	w with the Pharmacist at the pharmacy on 03/25/22 at applement to treat anemia and cid. Seived too much folic acid bey function problems.				
	03/23/22 at 2:48pm -When a medicatio Special Care Coord MAs so they could packThe MAs knew a r the medication was pack.	n was discontinued the dinator (SCC) would tell the mark if off the multi-dose nedication was discontinued if marked off the multi-dose				
	from the multi-dose -She did not know t discontinued.	medication would be removed pack and destroyed. The folic acid had been being notified that the folic acid				

Division of Health Service Regulation

-She had not noticed that the folic acid was no

STATE FORM 6899 05H211 If continuation sheet 64 of 105

MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2766 GRAND OAKS BOULEVARD BURLINGTON, NO. 27215 PROVIDER PROVIDER'S PLAN OF CORRECTION	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
NAME OF PROVIDER OR SUPPLIER ALAMANCE HOUSE 2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215 [XA) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVA ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY) D 358 Continued From page 64 longer on the eMAR. -She did not remove the folic acid from the multi-dose pack and destroy the medication. -She administered the folic acid because it was not marked off on the multi-dose pack. Interview with the Special SCC on 03/24/22 at 10:15am revealed: -She was responsible for sending the discontinued orders. -She thought she had e-faxed the order to discontinue folic acid. -The pharmacy should be discontinuing medications to the eMAR when the order was received. -The SCC continually received phone calls from the facility's contracted pharmacy regarding received orders. Telephone interview with the Primary Care Provider (PCP) on 03/24/22 at 9:20am revealed she expected the orders to be followed as written. Telephone interview with the Administrator on 03/28/22 at 9:29am revealed: -A medication that had been discontinued would not appear on the eMAR for administration. -The MA should realize there was an extra medication in the multi-dose pack, remove it and destroy it. -The MAs were not comparing medications to the eMARs prior to administration of medications.						F	₹
ALAMANCE HOUSE SUMMARY STATEMENT OF DEFICIENCIES DISPERIENT TAG SUMMARY STATEMENT OF DEFICIENCIES DISPERIENT TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG CROSS-REFERENCIE TO THE APPROPRIATE DATE D 358 Continued From page 64 longer on the eMAR. She did not remove the folic acid from the multi-dose pack and destroy the medication. She administerated the folic acid because it was not marked off on the multi-dose pack. Interview with the Special SCC on 03/24/22 at 10:15am revealed: She was responsible for sending the discontinued orders. She thought she had e-faxed the order to discontinue folic acid. The pharmacy should be discontinuing medications on the eMAR when the order was received. The SCC continually received pharmacy regarding received orders. Telephone interview with the Primary Care Provider (PCP) on 03/24/22 at 9:20am revealed She expected the orders to be followed as written. Telephone interview with the Administrator on 03/28/22 at 9:29am revealed A medication that had been discontinued would not appear on the eMAR for administration. The MA should realize there was an extra medication in the multi-dose pack, remove it and destroy it The MAs were not comparing medications to the eMARs prior to administration of medications. The MAS were not comparing medications to the eMARs prior to administration of medications. The MAS were not comparing medications to the eMARs prior to administration of medications. The MAS were not comparing medications to the eMARs prior to administration of medications. The MAS were not comparing medications to the eMARs prior to administration of medications. The MAS were not comparing medications to the eMARs prior to administration of medications. The MAS were not comparing medications to the eMARs prior to administration of medications. The MAS were not comparing medications to the eMARs prior to administration The MAS were not comparing medications The MAS were not comparing medication			HAL001148	B. WING		04/1	2/2022
Date Discontinued Properties Deficiency Deficienc	NAME OF I	PROVIDER OR SUPPLIER					
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 64 longer on the eMAR. -She did not remove the folic acid from the multi-dose pack and destroy the medication. -She administered the folic acid because it was not marked off on the multi-dose pack. Interview with the Special SCC on 03/24/22 at 10:15am revealed: -She was responsible for sending the discontinuel folic acid. -The pharmacy should be discontinuing medications on the eMAR when the order was received. -The SCC continually received phone calls from the facility's contracted pharmacy regarding received orders. Telephone interview with the Primary Care Provider (PCP) on 03/24/22 at 9:20am revealed she expected the orders to be followed as written. Telephone interview with the Administrator on 03/28/22 at 9:29am revealed: -A medication that had been discontinued would not appear on the eMAR for administration. -The MA should realize there was an extra medication in the multi-dose pack, remove it and destroy it. -The MAs were not comparing medications to the eMARs prior to administration of medications.	ALAMAN	ICE HOUSE					
longer on the eMARShe did not remove the folic acid from the multi-dose pack and destroy the medicationShe administered the folic acid because it was not marked off on the multi-dose pack. Interview with the Special SCC on 03/24/22 at 10:15am revealed: -She was responsible for sending the discontinued ordersShe thought she had e-faxed the order to discontinue folic acidThe pharmacy should be discontinuing medications on the eMAR when the order was receivedThe SCC continually received phone calls from the facility's contracted pharmacy regarding received orders. Telephone interview with the Primary Care Provider (PCP) on 03/24/22 at 9:20am revealed she expected the orders to be followed as written. Telephone interview with the Administrator on 03/28/22 at 9:29am revealed: -A medication that had been discontinued would not appear on the eMAR for administrationThe MA should realize there was an extra medication in the multi-dose pack, remove it and destroy itThe MAs were not comparing medications to the eMARs prior to administration of medications.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
b. Review of Resident #4's physician's orders dated 02/23/22 revealed an order for thiamine-B1 (used as a vitamin supplement) 100mg daily. Review of Resident #4's physician's orders dated 03/17/22 revealed an order to discontinue	D 358	longer on the eMAF-She did not remove multi-dose pack and She administered in not marked off on the Interview with the She was responsible discontinued orders. She was responsible discontinued orders. She thought she had is continue folic actions on the received. The pharmacy show medications on the received orders. Telephone interview Provider (PCP) on the expected the ownedication that had appear on the expected the ownedication in the medication of the eMARs prior to administration of Resided 02/23/22 reveals as a vitamin street with the service of Resided Review of Resident R	e the folic acid from the d destroy the medication. the folic acid because it was he multi-dose pack. Special SCC on 03/24/22 at ole for sending the standard desired and e-faxed the order to id. Solution be discontinuing eMAR when the order was ally received phone calls from otted pharmacy regarding. When with the Primary Care 03/24/22 at 9:20am revealed refers to be followed as written. When with the Administrator on a revealed: Solution and been discontinued would eMAR for administration. The alize there was an extra multi-dose pack, remove it and comparing medications to the ministration of medications. Solution and the solution is orders ealed an order for thiamine-B1 supplement) 100mg daily.	D 358			

Division of Health Service Regulation

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
ANDILAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL001148	B. WING		04/1	? 2/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOUSE		ND OAKS B			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION)N	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
D 358	Continued From page 65		D 358			
	medication administrevealed: -There was an entry with a scheduled actor administered daily for 8:00am -There was an elect thiamine-B1 100mg -There was a second 100mg daily with a of 8:00am -There was docume administered daily for 8:00am -There was docume administered daily for 8:00am -There was an elect thiamine-B1 100mg Observation of Reshand on 03/23/22 amulti-dose pack for available; the multi-thiamine-B-1 100mg Telephone interview from the facility's condition of the facility o	and entry for thiamine-B1 scheduled administration time entation thiamine was rom 03/08/22 to 03/20/22 at tronic entry to discontinue on 03/20/22. Ident #4's medications on to 2:40pm revealed there was a the morning of 03/24/22 dose pack contained 1 grablet for administration. If with a pharmacy technician ontracted pharmacy on revealed: If an FL-2 on file dated and a signed order for				

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STATE FORM 6899 05H211 If continuation sheet 66 of 105

NAME OF PROVIDER OR SUPPLIER ### ALLO01148 STREET ADDRESS, CITY, STATE, ZIP CODE		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER ALAMANCE HOUSE STREET ADDRESS, CITY, STATE, ZIP CODE 2766 GRAND OAKS BOULEVARD BURLINGTON, N. C 27215 BURLINGTON, N. C 27215 PRECIPIX TAG CALID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 66 medication had been discontinued. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 03/25/22 at 8:13am revealed: -Thiamine-B1 100mg was a supplement to treat vitamin B deficienciesA resident who received too much thiamine-B1 could develop kidney function problems. Interview with the medication aide (MA) on 03/23/22 at 2:48pm revealed: -When a medication was discontinued if the medication was marked off the multi-dose packThe MAs knew a medication was discontinued if the medication was marked off the multi-dose packThe discontinued medication would be removed from the multi-dose pack and destroyedShe did not know the thiamine-B-1 100mg had been discontinuedShe MA had not noticed that the thiamine-B-1 100mg was no longer on the eMARShe did not remove the thiamine-B-1 100mg from the multi-dose pack and destroy the medicationShe administered the thiamine-B-1 100mg because it was not marked off on the multi-dose packShe administered the thiamine-B-1 100mg because it was not marked off on the multi-dose pack.				A. BUILDING.			0
CALIDER SUMMARY STATEMENT OF DEFICIENCIES DISTRICT DISTRICT DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY DEFICIENCY DEFICIENCY DEFICIENCY D 358 Continued From page 66 D 358 DEFICIENCY DEFICIENCY DEFICIENCY Tag Deficiency DEFICIENCY DEFICIENCY DEFICIENCY D 358 Continued From page 66 D 358 DEFICIENCY Telephone interview with the Pharmacist at the facility's contracted pharmacy on 03/25/22 at 8:13am revealed: -Thiamine-B1 100mg was a supplement to treat vitamin B deficiencies. -A resident who received too much thiamine-B1 could develop kidney function problems. Interview with the medication aide (MA) on 03/23/22 at 2:48pm revealed: -When a medication was discontinued the Special Care Coordinator (SCC) would tell the MAs so we could mark if off the multi-dose pack. -The Mas knew a medication would be removed from the multi-dose pack and destroyed. -She did not know the thiamine-B-1 100mg had been discontinued medication would be removed from the multi-dose pack and destroyed. -She did not recall being notified that the thiamine-B-1 100mg was discontinued. -She MA had not noticed that the thiamine-B-1 100mg from the multi-dose pack and destroy the medication. -She administered the thiamine-B-1 100mg because it was not marked off on the multi-dose pack.			HAL001148	B. WING	<u> </u>		
Date Date	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG	ALAMAN	ICE HOUSE					
medication had been discontinued. Telephone interview with the Pharmacist at the facility's contracted pharmacy on 03/25/22 at 8:13am revealed: -Thiamine-B1 100mg was a supplement to treat vitamin B deficiencies. -A resident who received too much thiamine-B1 could develop kidney function problems. Interview with the medication aide (MA) on 03/23/22 at 2:48pm revealed: -When a medication was discontinued the Special Care Coordinator (SCC) would tell the MAs so we could mark if off the multi-dose pack. -The MAs knew a medication was discontinued if the medication was marked off the multi-dose pack. -The discontinued medication would be removed from the multi-dose pack and destroyed. -She did not know the thiamine-B-1 100mg had been discontinued. -She did not recall being notified that the thiamine-B-1 100mg was discontinued. -She MA had not noticed that the thiamine-B-1 100mg was no longer on the eMAR. -She did not remove the thiamine-B-1 100mg from the multi-dose pack and destroy the medication. -She administered the thiamine-B-1 100mg because it was not marked off on the multi-dose pack.	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR	ULD BE	(X5) COMPLETE DATE
Telephone interview with the Pharmacist at the facility's contracted pharmacy on 03/25/22 at 8:13am revealed: -Thiamine-B1 100mg was a supplement to treat vitamin B deficiencies. -A resident who received too much thiamine-B1 could develop kidney function problems. Interview with the medication aide (MA) on 03/23/22 at 2:48pm revealed: -When a medication was discontinued the Special Care Coordinator (SCC) would tell the MAs so we could mark if off the multi-dose pack. -The MAs knew a medication was discontinued if the medication was marked off the multi-dose pack. -The discontinued medication would be removed from the multi-dose pack and destroyed. -She did not know the thiamine-B-1 100mg had been discontinued. -She did not recall being notified that the thiamine-B-1 100mg was discontinued. -She MA had not noticed that the thiamine-B-1 100mg was no longer on the eMAR. -She did not remove the thiamine-B-1 100mg from the multi-dose pack and destroy the medication. -She administered the thiamine-B-1 100mg because it was not marked off on the multi-dose pack.	D 358	Continued From pa	ge 66	D 358			
facility's contracted pharmacy on 03/25/22 at 8:13am revealed: -Thiamine-B1 100mg was a supplement to treat vitamin B deficiencies. -A resident who received too much thiamine-B1 could develop kidney function problems. Interview with the medication aide (MA) on 03/23/22 at 2:48pm revealed: -When a medication was discontinued the Special Care Coordinator (SCC) would tell the MAs so we could mark if off the multi-dose pack. -The MAs knew a medication was discontinued if the medication was marked off the multi-dose pack. -The discontinued medication would be removed from the multi-dose pack and destroyed. -She did not know the thiamine-B-1 100mg had been discontinued. -She did not recall being notified that the thiamine-B-1 100mg was discontinued. -She MA had not noticed that the thiamine-B-1 100mg was no longer on the eMAR. -She did not remove the thiamine-B-1 100mg from the multi-dose pack and destroy the medication. -She administered the thiamine-B-1 100mg because it was not marked off on the multi-dose pack.		medication had been discontinued.					
Interview with the SCC on (13/2/1/2) at 10:15am		Telephone interview facility's contracted 8:13am revealed: -Thiamine-B1 100n vitamin B deficience: -A resident who recould develop kidne. Interview with the m 03/23/22 at 2:48pm -When a medication Special Care Coord MAs so we could m-The MAs knew and the medication was packThe discontinued of from the multi-dose-She did not know the been discontinuedShe did not recall I thiamine-B-1 100m -She MA had not not 100mg was no long-She did not remove from the multi-dose medicationShe administered because it was not pack.	w with the Pharmacist at the pharmacy on 03/25/22 at ang was a supplement to treat ies. Beived too much thiamine-B1 ey function problems. Inedication aide (MA) on a revealed: In was discontinued the dinator (SCC) would tell the hark if off the multi-dose pack. Inedication was discontinued if a marked off the multi-dose medication would be removed a pack and destroyed. The thiamine-B-1 100mg had being notified that the g was discontinued. Deficed that the thiamine-B-1 ger on the eMAR. The the thiamine-B-1 100mg a pack and destroy the the thiamine-B-1 100mg marked off on the multi-dose				
revealed: -She was responsible for sending the discontinued ordersShe thought she had e-faxed the order to discontinue folic acidThe pharmacy should be discontinuing		revealed: -She was responsite discontinued orders -She thought she held discontinue folic ac	ole for sending the s. ad e-faxed the order to id.				

Division of Health Service Regulation

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	of Health Service IN				I	
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMP	LLIED
					F	۱ ا
		HAL001148	B. WING			2/2022
NAME OF F		OTDEET AD		274TE 7ID 00DE		-
NAME OF F	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
ALAMAN	CE HOUSE			OULEVARD		
,		BURLING	TON, NC 27	215		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION SHOULD		(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
.,		,		DEFICIENCY)		
D 358	Continued From pa	ugo 67	D 358			
D 336	Continued From pa	ige o/	D 336			
	medications on the eMAR when the order was					
	received.					
	-The SCC continually received phone calls from					
	the facility's contracted pharmacy regarding					
	received orders.					
	Tolophore interde	www.ith the Drimer Care				
		w with the Primary Care				
		03/24/22 at 9:20am revealed rders to be followed as written.				
	sile expected tile o	ruers to be followed as writtern.				
	Telephone interview with the Administrator on					
	03/28/22 at 9:29am					
		nad been discontinued would				
		MAR for administration.				
		alize there was an extra				
		nulti-dose pack, remove it and				
	destroy it.	, ,				
		comparing medications to the				
		ninistration of medications.				
	•	one interview with a pharmacy				
		facility's contracted pharmacy				
	on 03/24/22 at 8:36	sam.				
	Defends the interest	our with the Consist Con-				
		ew with the Special Care				
	Coordinator (SCC)	on 03/24/22 at 10:15am.				
	Defer to the intervie	ew with the Administrator on				
	03/28/22 at 9:29am					
	JOILOILL AL J. LJAIII					
	6. Review of Reside	ent #8's FL 2 dated 01/18/22				
		s included unspecified				
	dementia essential	•				
		, , , , , , , , , , , , , , , , , , ,				
	a. Review of Reside	ent #8's FL 2 dated 01/18/22				
	revealed an order for	or Senexon-S (used to treat				
	constipation) 8.6-50					
	•					
	Review of Resident	t #8's February 2022 electronic				

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medication administration record (eMAR)

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		HAL001148	B. WING			R 12/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		-
ALAMAN	ICE HOUSE		AND OAKS B			
			TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	revealed; -There was an entry with a scheduled and 8:00pmThere was docume was administered to 02/28/22 at 8:00am Review of Resident revealed: -There was an entry with a scheduled and 8:00pmThere was docume was administered to 03/23/22 at 8:00am at 8:00am. Observation of Reshand on 03/24/22 ano Senexon-S 8.6-5 administration. Interview with the mod/25/22 at 11:00ar -Resident #8 gave of 03/22/22Resident #8 did not the facility's contraction would another facility's contraction would and and and and and and and and and an	y for Senexon-S 8.6-50mg dministration time of 8:00am entation Senexon-S 8.6-50mg wice a day from 02/01/22 to and 8:00pm. #8's March 2022 eMAR y for Senexon-S 8.6-50mg dministration time of 8:00am entation Senexon-S 8.6-50mg wice a day from 03/01/22 to and 8:00pm and on 03/24/22 ident #8's medications on t 2:37pm revealed there was 50mg available for nedication aide (MA) on m revealed: but of Senexon-S on Tuesday, of treceive his medications from sted pharmacy. n Thursday, 03/24/22, that the	D 358			
	administer for 2 week-Resident #8 did no	eks. t use the facility's contracted				

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STATE FORM 6899 05H211 If continuation sheet 69 of 105

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL001148	B. WING			R 12/2022
	PROVIDER OR SUPPLIER	2766 GR	DRESS, CITY, S AND OAKS B STON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	pharmacyShe administered and evening of 03/2 03/23/22 in the SCI -She did not realize 03/20/22 at 8:00am at 8:00pm that she Resident #8She knew the medithe pharmacyShe should have do the eMAR that the infor administration. Telephone interview Care Provider (PCF revealed: -Senexon-S was us-Resident #8 was of constipationIf Resident #8 was of constipationThe PCP expected administered as ordered, it could lead abdominal discomforthe PCP expected administered as orderedThe MAs should demakThe eMAR should demakThe eMAR should available for administrative from 3:30pm was unsuccessed and observation.	medication on the morning 20/22 and the evening of J. I that she had documented on and 8:00pm and on 03/23/22 administered Senexon-S to dication had not arrived from documented an exception on medication was not available with Resident #8's Primary 20 on 03/28/22 at 12:46pm and or constipation. The receiving Senexon-S as ad to constipation and ort. If medications to be dered. Idiaministrator on 03/28/22 at ocument accurately on the reflect medication was not distration. The interview with Resident #8's the pharmacy on 03/25/22 at the constipation.	D 358			

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RM 6899 05H211 If continuation sheet 70 of 105

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		HAL001148	B. WING			R 1 2/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ALAMAN	ICE HOUSE		AND OAKS B TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 70	D 358			
	dated 02/09/22 reve	ed to treat pain) 325mg three				
	medication adminis revealed;	#8's February 2022 electronic tration record (eMAR)				
	three tablets three tadministration time 8:00pm.	y for acetaminophen 325mg, imes a day with a scheduled of 8:00am, 12:00pm and				
	325mg was adminis 02/09/22 to 02/1/22 02/14/22 at 12:00pr 02/28/22 at 8:00am -There were except at 8:00pm; on 02/12	entation acetaminophen stered three times a day from ; on 02/12/22 at 8:00am; on m and 8:00pm and 02/15/22 to , 12:00pm and 8:00pm. ions documented on 02/08/22 2/22 at 12:00pm and 8:00pm; am; the exception was				
	pharmacyThere were except	ions documented on 02/13/22 and 8:00pm; the exception				
	revealed:	#8's March 2022 eMAR y for acetaminophen 325mg,				
	three tablets three tadministration time 8:00pm.	imes a day with a scheduled of 8:00am, 12:00pm and				
		entation acetaminophen stered three times a day at nd 8:00pm.				
	hand on 03/24/22 a -There was 1 bottle	ident #8's medications on t 2:37pm revealed: with a pharmacy label 'acetaminophen 325mg take 3				

Division of Health Service Regulation

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	` '			LETED
					F	2
		HAL001148	B. WING			2/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
	IOE HOUSE	2766 GRA	ND OAKS B	OULEVARD		
ALAMAN	ICE HOUSE	BURLING	TON, NC 27	215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 71	D 358			
D 358	tablets 3 times a da -The dispense date 02/12/22The prescription la stated 2 of 2 bottles -According to the pl contained 150 acets of 300 acetaminoph 02/12/22There was only one 325mg available for -The one remaining tablets. Based on eMAR do prescription labels a Resident # 8's acets administered or adr from 02/12/22 to 03 Interview with the m 03/25/22 at 11:00ar -She only administe times a dayShe read the admi incorrectlyIf she had administ ordered, there woul remaining. Interview with the S (SCC) on 03/25/22 -The MAs should ac orderedThe MAs should be	bel on the medication bottle was bel on the medication bottle so that many label, each bottle aminophen tablets for a total men tablets dispensed on the bottle of acetaminophen of dispensing. If bottle contained 145 of 150 total medications on hand, aminophen would not be ministered correctly 129 times 1/24/22.	D 358			
		wwww.www.communus.com www.communus.com www.communus.communus.com www.communus.communus.com www.communus.communus.com www.communus.communus.communus.com www.communus.communus.com www.communus.communus.com www.communus.communus.com www.communus.communus.communus.com www.communus.communus.com www.communus.communus.com www.communus.communus.com www.communus.communus.com www.communus.communus.com www.communus.communus.com www.commun				

Division of Health Service Regulation

STATE FORM 6899 05H211 If continuation sheet 72 of 105

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
		A. BUILDING:			R	
	HAL001148	B. WING			≺ 12/2022	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ALAMANCE HOUSE		ND OAKS B TON, NC 27				
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
discomfortResident #8 could was not being adm orderedThe PCP expected administered as ordered: -The Administrator acetaminophen to be as ordered. Attempted telephor representative from 03/25/22 at 3:30pm Based on observative reviews it was detered interviewable. c. Review of Resided dated 03/17/22 revolused to treat acute twice a day. Review of Resident medication administrevealed: -There was an entroday with a schedule 8:00am and 8:00pm -There was docume was administered of	ved acetaminophen for arthritic have an increase in pain if he inistered acetaminophen as d medications to be dered. dere	D 358				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		ATE SURVEY DMPLETED	
					R		
		HAL001148	B. WING			2/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
ALAMAN	ALAMANCE HOUSE			OULEVARD			
	OLIMANA DV. OTA		TON, NC 27		ON!	0.450	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
D 358	Continued From pa	ge 73	D 358				
	03/24/22 at 8:00pm medication unavaila	; the exception was able, waiting on pharmacy.					
	hand on 03/24/22 a	ident #8's medications on t 2:37pm revealed there was g available for administration.					
	Interview with the medication aide (MA) on 03/25/22 at 11:00am revealed: -She called the facility's contracted pharmacy to send the medicationShe was told on Thursday, 03/24/22 that the medication would arrive that nightShe documented the medication was administered on 03/23/22 and 03/24/22 at 8:00am by mistake.						
	Interview with the SCC on 03/25/22 at 11:15am revealed: -She administered medication on the evening of 03/23/22She did not realize that she had documented on 03/23/22 at 8:00pm that she administered divalproex 125mg to Resident #8She knew the medication had not arrived from the pharmacyShe should have documented an exception on the eMAR that the medication was not available for administration.						
	Provider (PCP) on 0 -Divalproex 125mg stabilizerResident #8 was o because of increase -The facility staff co hitting other resider toward staff.	dent #8's Primary Care 03/28/22 at 12:46pm revealed: was ordered as a mood rdered divalproex 125mg ed agitation. mplained of Resident #8 and being aggressive treceive his medications from					

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.		R	
		HAL001148	B. WING			2/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOUSE		ND OAKS B TON, NC 27			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	COMPLETE DATE
D 358	Continued From pa	ge 74	D 358			
	the facility's contract received the medical received the medical received the facility asked that an order to the facility asked that it is not entire that	cted pharmacy and had not ation from his pharmacy. The PCP on 03/24/22 to e-fax ity's contracted pharmacy. Inow that the staff had been was administered twice a day 100pm. In a medication given when it it if alter further medication ab results. If medications to be dered. I define the medication as it is incomplete the medications as it is incomplete.				
	Attempted telephon representative from 03/25/22 at 3:30pm	Resident #8's pharmacy on				
		ons, interviews, and record ermined Resident #5 was not				
	Refer to the telephone interview with a pharmacy technician from the facility's contracted pharmacy on 03/24/22 at 8:36am.					
		ew with the Special Care on 03/24/22 at 10:15am.				
	Refer to the intervie 03/28/22 at 9:29am	ew with the Administrator on				
		ent #6's FL 2 dated 02/21/22 included Alzheimer's disease				

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Division of fleatiff Service Regulation						
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
VIAD LEVIA	OF CORRECTION	IDENTIFICATION NOWIDER.	A. BUILDING:		COMP	
					F	2
		HAL001148	B. WING	<u> </u>		2/2022
		OTDEET AD		NATE TIP CORE		-
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
ALAMAN	ICE HOUSE		ND OAKS B			
		BURLING	TON, NC 27	215		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		COMPLETE DATE
IAO			170	DEFICIENCY)		
D 050	0 1 5	75	D 050			
D 358	Continued From pa	ge 75	D 358			
	and dementia.					
		ent #6's FL 2 dated 02/21/22				
		or venlafaxine ER (used to				
	treat depression) 7	5mg twice a day.				
	5					
		#6's physician's orders dated				
	03/07/22 revealed:	unto dio continuo vendefevine				
	-There was an order to discontinue venlafaxine					
	ER 75mg twice a dayThere was an order for venlafaxine ER 75mg					
	daily.	er for vernalaxine ER 75mg				
	dally.					
	Review of Resident	#6's March 2022 electronic				
		tration record (eMAR)				
	revealed:					
		y for venlafaxine ER 75mg				
		dministration time of 8:00am				
	and 8:00pm.					
	-There was docume	entation venlafaxine ER 75mg				
		wice a day from 03/01/22 to				
	03/24/22.					
		ident #6's medications on				
		t 10:15am revealed:				
		dose pack containing				
		ng available for administration				
		3:00pm dose packs. mg was 1 of 7 pills in the				
		pack and 1 of 3 pills in the				
	8:00pm multi-dose					
		administration on the				
		ad "one capsule twice a day".				
	Telephone interviev	v with a pharmacy technician				
		ontracted pharmacy on				
	03/24/22 at 8:36am					
	-The pharmacy had	l an order for venlafaxine ER				
	75mg twice a day d					

-The pharmacy dispensed weekly multi-dose

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DIVISION	of Health Service Re	egulation			1	
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					F	,
		HAI 004440	B. WING			
		HAL001148			04/1	2/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		2766 GRA	ND OAKS B	OULEVARD		
ALAMAN	ICE HOUSE		TON, NC 27			
		BURLING	TON, NC 21	215		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
TAG	NEGOE/TORT OR E	oo Bentii Tiivo ini Oniwation,	TAG	DEFICIENCY)	110/112	
				· ·		
D 358	Continued From pa	ge 76	D 358			
		#C Th d				
		#6 every Thursday.				
		not receive a signed				
		ated 03/07/22 to decrease				
		mg from twice a day to daily.				
		ew orders by e-fax; the				
	physician sent new					
		cations would be sent the				
		ay, depending on what time				
	the new order was					
	-The medication could be delayed if the					
	pharmacy was wait	ing for insurance approval.				
	Based on eMAR do	cumentation, medication				
	dispensing records	and interviews it was				
	determined that ver	nlafaxine ER 75mg was				
	administered 32 tim	nes after the medication had				
	been changed to da	aily administration.				
		•				
	Interview with the m	nedication aide (MA) on				
	03/24/22 at 10:18ai					
	-The MA administer	red venlafaxine ER 75mg				
		e it was on the eMAR to				
	administer.					
		ow the venlafaxine ER 75mg				
		from twice a day to daily				
		esponsible for discontinuing or				
	adding medications					
		Coordinator (SCC) was				
		ixing new or changed orders to				
	the pharmacy.	g or origing or orders to				
		uld enter the new orders into				
		change would appear on the				
	eMAR.	silaligo wodia appour on the				
		y of knowing the venlafaxine				
		d changed unless it was				
	entered and on the					
	Chicked and on the	CIVICALA.				
	Interview with sees	nd a MA on 03/24/22 at				
		iiu a MA UII U3/24/22 al				
	4:10pm revealed:	ma was entered on the aMAD				
	-venialaxine ER 75	mg was entered on the eMAR				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		HAL001148	B. WING		04/1	2/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
AL AMAN	ICE HOUSE	2766 GRA	ND OAKS B	OULEVARD		
ALAMAN	ICE HOUSE	BURLING [*]	TON, NC 27	215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 77	D 358			
D 350	to administer twice -The MA document venlafaxine ER 75n 03/07/22The MA did not know dated 03/07/22 to of from twice a daily -The MA administer on the eMARVenlafaxine ER 75 multi-dose pack to -The MA would not changed unless it w -The SCC e-faxed i -The pharmacy wou medications on the Interview with the S revealed: -She e-faxed new of they were writtenShe would call the received the e-faxe permittedShe had e-faxed th 03/07/22 to the pha -She could not rem e-faxed the physicia she e-faxed it again pharmacy staff calle itShe did not call the see if they had rece order dated 03/07/22	a day. ed she had administered ng 4 times at 8:00pm since ow Resident #6 had an order hange venlafaxine ER 75mg red the medication as directed mg was available in the administer twice a day. know a medication had vas entered on the eMAR. new orders to the pharmacy. ald enter changes to the eMAR. CCC on 03/24/22 at 10:15am orders to the pharmacy when pharmacy to verify they d orders, when scheduling ne physician's orders dated rmacy. ember the first time she an's order dated 03/07/22, but n today, 03/24/22, because the ed and said they did not have e pharmacy today, 03/24/22, to sived the e-faxed physician's	D 356			
		ed. ember if she informed the MA n order and to make a notation				
	on Resident #6's m					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL001148	B. WING			R 1 2/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
A	ICE HOUSE	2766 GRA	ND OAKS B	OULEVARD		
ALAMA	ICE HOUSE	BURLING	TON, NC 27	215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 78	D 358			
	Primary Care Provious at 11:42am revealed -Resident #6 was remood swings.	w with a nurse at Resident #6's der's office (PCP) on 03/26/22 d: ecceiving venlafaxine ER for diall orders to be followed as				
	O3/28/22 at 9:29am -New orders should contracted pharmacy -The SCC was resp to the facility's contracted pharmacy had not been faxed pharmacyShe expected new facility's contracted receivedThe residents were as ordered.	be faxed to the facility's by. consible for faxing new orders racted pharmacy. did not know why the order to the facility's contracted orders to be faxed to the pharmacy when the order was a not getting their medications				
	revealed an order for gastric reflux) 40mg. Review of Resident 03/07/22 revealed: -There was an order 40mg twice a dayThere was an order	#6's physician's orders dated or to discontinue omeprazole or for omeprazole 40mg daily.				
	medication adminis revealed: -There was an entry	#6's March 2022 electronic tration record (eMAR) y for omeprazole 40mg with a ration time of 8:00am and				

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STATE FORM 6899 05H211 If continuation sheet 79 of 105

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL001148	B. WING			R 12/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
ALAMAI	NCE HOUSE		AND OAKS BO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	8:00pmThere was docume was administered to 03/24/22. Observation of Reshand on 03/23/22 a -There was a bubble of omeprazole 40m -The instruction for pharmacy label rea Telephone interview from the facility's co 03/24/22 at 8:36am -The pharmacy had twice a day dated 0 -The pharmacy did physician's order domeprazole 40mg f -The facility sent new how ordered medisame day or next dothenew order was allowed the new order was allow	entation omeprazole 40mg wice a day from 03/01/22 to ident #6's medications on t 10:15am revealed: e pack containing 8 capsules g available for administration. administration on the d "one capsule twice a day". with a pharmacy technician ontracted pharmacy on revealed: I an order for omeprazole 7/30/21. not receive a signed ated 03/07/22 to decrease from twice a day to daily. we orders by e-fax; the orders by e-script. cations would be sent the ay, depending on what time received. uld be delayed if the ing for insurance approval. Incumentation, medication and interviews, it was eprazole was administered 32 ication had been changed to with the Pharmacist on revealed: seed to treat gastric reflux. Eave abdominal pain, comfort, nausea and vomiting	D 358			

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					F	
		HAL001148	B. WING		04/1	2/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOUSE		ND OAKS B			
			TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 80	D 358			
	Interview with the M revealed; -The MA administer day because it was -The MA did not knobeen changed from -The MA was not readding medications -The Special Care (responsible for e-fathe pharmacyThe pharmacy wouthe eMAR and the demand on the eMARThe MA had no was 40mg order had chand on the eMAR. Interview with second 4:10pm revealed: -Omeprazole 40mg administer twice a demand on the eMARThe MA document omeprazole 40mg administer twice a daily	IA on 03/24/22 at 10:18am red omeprazole 40mg twice a on the eMAR to administer. ow the omeprazole 40mg had twice a day to daily esponsible for discontinuing or on the eMAR. Coordinator (SCC) was xing new or changed orders to all enter the new orders into change would appear on the enged unless it was entered and a MA on 03/24/22 at was entered on the eMAR to day. ed she had administered at times at 8:00pm from				
	-Omeprazole 40mg pack to administer -She would not kno unless it was entere -The SCC e-faxed i -The pharmacy wou medications on the	w a medication had changed ed on the eMAR. new orders to the pharmacy. uld enter changes to the eMAR.				
	Interview with the S	CC on 03/24/22 at 10:15am				

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DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					F	,
		HAL001148	B. WING			2/2022
		HALOUT140			04/1	2/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		2766 GRA	ND OAKS B	OULEVARD		
ALAMAN	ICE HOUSE	BURLING	TON, NC 27	215		
()(A) ID	CLIMMADV CTA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION)NI	()(5)
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIES	PRIATE	DATE
				DEFICIENCY)		
D 358	Continued From pa	ne 81	D 358			
D 000	Continued i form pa	geor	D 000			
	revealed:					
	-She e-faxed new o	orders to the pharmacy when				
	they were written.					
		pharmacy to verify they				
		d orders, when scheduling				
	permitted.					
		ne physician's orders dated				
	03/07/22 to the pha					
		ember the first time she				
		an's order dated 03/07/22, but				
		today, 03/24/22, because				
		they did not have it.				
		e pharmacy today, 03/24/22, to				
	•	eived the e-faxed physician's				
	order dated 03/07/2					
	when it was receive	ould enter the order into eMAR				
		ember if she informed the MA				
		order and to make a notation				
	on Resident #6's m					
	on Nesident #0 5 in	uiti-dose pack				
	Telenhone interview	wwith a nurse at Resident #6's				
		der's (PCP) office on 03/26/22				
	at 11:42am reveale					
		eceiving omeprazole for				
	gastric reflux and he	O 1				
		I all orders to be followed as				
	ordered.	an eraere to be renewed as				
	Telephone interview	wwith the Administrator on				
	03/28/22 at 9:29am					
		l be faxed to the pharmacy.				
		oonsible for faxing new orders				
	to the facility's conti	racted pharmacy.				
		f this order had been faxed to				
	the facility's contract	ted pharmacy.				
		orders to be faxed to the				
	facility's contracted					
	-The facility's contra	acted pharmacy would enter				
	the new orders into	the eMAR.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
70001 2700	OF CONTROL OF THE CON	IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL001148	B. WING		04/1	२ 2/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOUSE		ND OAKS B TON, NC 27	OULEVARD 215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 82	D 358			
	Refer to the telephone interview with a pharmacy technician from the facility's contracted pharmacy on 03/24/22 at 8:36am.					
		ew with the Special Care on 03/24/22 at 10:15am.				
	Refer to the interview with the Administrator on 03/28/22 at 9:29am.					
	Interview with the Special Care Coordinator (SCC) on 03/24/22 at 10:15am revealed: -The medication aides (MA) completed medication cart audits weekly. -The MAs audit consisted of ensuring medications were on hand matched the eMAR, open dates were documented on medication bottles and boxes, and all medications were available for administration. -The MAs should be using the most recently signed physician's orders when auditing. -The SCC tried to assign a different MA to audit the medication cart each week. -The MAs should be reporting any concerns to the SCC after the audits were completed. -The SCC had received no concerns from the audits in two months.					
	9:29am revealed: -The MA should ad orderedNew orders should hours unless there or the medication with pharmacy.	dministrator on 03/28/22 at minister medications as the beauties beauties beauties and beauties and a concern with payment was not available in the dident Care Coordinator (RCC)				
	audited the medica	tion carts three times a week. C assigned a MA to audit the				

Division of Health Service Regulation

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7. BOILBII10.		R	
		HAL001148	B. WING			2/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ΔΙ ΔΜΔΙ	ICE HOUSE	2766 GRA	ND OAKS B	OULEVARD		
ALAMAI	IOE HOUDE	BURLING	TON, NC 27	215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 83	D 358			
	medication carts we -The facility staff sh medications and me re-ordered and com					
	administered as ord during the medication (#6) who was admin medication when it resident (#7) who was deministered in the expression of wounds following extremity and who was insulin (SSI) that was administered on 22 fingerstick blood sus administered, result determine the amore administered putting elevated blood sugapossibly interfering resident (#2), who had changes were maded dosage, which was and on another occurrence was decreased and additional dosage for provider being unable depakote appropriarisk for seizures or resulted in substant	ensure medications were dered for 2 residents observed on pass including a resident histered an as needed pain was not requested and a was administered a medication morning instead of as ening; and for 4 sampled review including a resident sted to the facility for treatment an amputation of the lower was ordered sliding scale as not documented as occasions when his gar required SSI to be ting in being unable to unt of insulin, if any, was go the resident at risk for ars with no SSI converage and with wound healling; and a mad a history of seizures and the to increase his depakote not implemented for 4 days asion, his depakote dosage of the resident received an or 7 days, resulting in the sole to titrate the resident's tely, putting the resident at depakote toxicity. This failure tial risk of harm to the institutes a Type A2 Violation.				
	The facility provided	d a plan of protection in				

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STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		HAL001148	B. WING		F 04/1	? 2/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ΔΙ ΔΜΔΝ	ICE HOUSE	2766 GRA	ND OAKS B	OULEVARD		
742741741			TON, NC 27	215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
D 358	Continued From pa	ge 84	D 358			
	accordance with G.S. 131D-34 on 03/24/22 for this violation.					
	THE CORRECTION DATE FOR THIS TYPE A2 VIOLATION SHALL NOT EXCEED APRIL 27, 2022.					
D 363	10A NCAC 13F .1004(f) Medication Administration		D 363			
	(f) If medications a in advance, the folk implemented to kee the point of administ contamination and (1) Medications are package such as unlabeled with the nar strength in the seak package of medication and kept enclosed is container that is labuntil the medication resident. If the multiple medication in a capped or seak (2) Medications not labeled package as of this Paragraph at container that ident each medication proname; (3) A separate container and each planned a medications and lat Subparagraph (1) of (4) All containers are	dispensed in a sealed nit dose and multi-paks that is me of each medication and ed package. The labeled tions is to remain unopened in a capped or sealed eled with the resident's name, is are administered to the ti-pak is also labeled with the does not have to be enclosed ed container; dispensed in a sealed and specified in Subparagraph (1) re kept enclosed in a sealed iffies the name and strength of epared and the resident's eather is used for each resident administration of the				

6899

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL001148	B. WING			R 12/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	·	
ALAMAN	NCE HOUSE		AND OAKS B TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
D 363	the planned time fo a locked area which	ge 85 r administration and stored in a sonly accessible to staff as 006(d) of this Section.	D 363			
	reviews, the facility prepared for admin in a sealed containe strength of each me up to the point of ac from contamination	ons, interviews, and record failed to ensure medications istration in advance were kepter that identified the name and edication prepared, identified dministration, and protected and spillage for 4 of 4 8, #9) during the 8:00am				
	medication cart on -There were 4 plast drawer of the medic medicationThree of four medi the fourth cup help -The medications w medication cups did	vere not sealed; the d not have a covering. ps were not labeled with the				
	03/02/22 revealed of unspecified anemia back pain, other ski	i, diabetes mellitus type 2, in changes, bipolar disorder, pulmonary disease,				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION		SURVEY PLETED
		A. Bolloino.		5		
		HAL001148	B. WING			12/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOUSE		ND OAKS B TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 363	Continued From pa	ge 86	D 363			
	8:06am revealed: -There were 10 pills cupThere was 1 squar tablet; 5 round, whi	edication cup on 03/23/22 at s in the unlabeled medication re, beige tablet; 1 round, green te tablets; 1 round, peach ong tablet; and 1 red, oblong				
	revealed: -She identified the rithe pill with Resider daily-viteThe red, oblong pill Resident #1's daily-She identified the rithe pill with Resider lisinopril 10mg.	round, peach pill by comparing nt #1's bubble pack containing pill in the cup was identified as				
	02/21/22 revealed of Alzheimer's disease Observation of a se 03/23/22 at 8:07am					
	revealed: -She identified the l comparing the pill v containing omepraz -The brown and blu identified as Reside	ne capsule in the cup was ent #6's omeprazole. ent #8's current FL2 dated				

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DIVISION	of Health Service Re	guiation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL001148	B. WING		R 04/12/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
				OULEVARD		
ALAMANCE HOUSE			TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 363	Continued From pa	ge 87	D 363			
	unspecified demen	tia and essential hypertension.				
	O3/23/22 at 8:07am -There were 2 pills cupThere was 1 round and yellow capsule. Interview with the M revealed: -She identified the r the pill with Resider containing acetamir -The round white pi Resident #8's aceta -She identified the comparing the caps medication bottle comparing	in the unlabeled medication I, white tablet, and 1 green IA on 03/23/22 at 10:18am round, white pill by comparing at #8's medication bottle hophen. Il in the cup was identified as aminophen. Igreen and yellow capsule by sule with Resident #8's portaining tamsulosin. ow capsule was identified as				
	01/25/22 revealed of hypertension, Alzhedisorder, and unspebehavioral disturbations of a for 03/23/22 at 8:08am - There were 5.5 pilloupThere were 2 round tablet; 1 round, peatablet; and ½ of a round tablet; and ½ of a round tablet.	urth medication cup on revealed: s in the unlabeled medication d, white tablets; 1 round, pink ch tablet; 1 round, dark peach				
		ound, pink pill by comparing ure on Resident #9's				

multi-dose pack containing vitamin B-12.

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL001148	B. WING	B. WING		? 2/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
A1 AB4A5	105 1101105			OULEVARD		
ALAWAN	ICE HOUSE	BURLING	TON, NC 27	215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 363	Continued From pa	ge 88	D 363			
	-The round, pink pil Resident #9's vitam -She identified the rithe pill with the pictimulti-dose pack cor-The round, peach Resident #9's furos -She identified the ricomparing the pill with #9's multi-dose pace -The round, dark peridentified as Residershe identified one comparing the pill with #9's multi-dose pace -She identified as Residershe i	I in the cup was identified as in B-12. Found, peach pill by comparing the on Resident #9's intaining furosemide 20mg. Found, dark peach pill by with the picture on Resident k containing aspirin 81mg. Found pill in the cup was ent #9's aspirin 81mg. Found 1/2 round white pills by with the picture on Resident k containing escitalopram Found 1/2 pill in the cup were ent #9's escitalopram 10mg. Found white pill by with the picture on Resident k containing buspirone 5mg. Found white pill by with the picture on Resident k containing buspirone 5mg. Found white pill by with the picture on Resident k containing buspirone 5mg. Found white pill in the cup was ent #9's buspirone 5mg. Found white pill in the cup was ent #9's buspirone 5mg. Found white pill in the cup was ent #9's buspirone 5mg. Found white pill in the cup was ent #9's buspirone 5mg. Found white pill in the cup was ent #9's buspirone 5mg. Found white pill in the cup was ent #9's buspirone 5mg. Found white pill in the cup was ent #9's buspirone 5mg. Found white pill by with the picture on Resident k containing buspirone 5mg. Found white pill by with the picture on Resident k containing buspirone 5mg. Found white pill by with the picture on Resident k containing buspirone 5mg. Found white pill by with the picture on Resident k containing buspirone 5mg. Found white pill by with the picture on Resident k containing buspirone 5mg. Found white pill by with the picture on Resident k containing buspirone 5mg. Found white pill by with the picture on Resident k containing buspirone 5mg. Found white pill by with the picture on Resident k containing buspirone 5mg. Found white pill by with the picture on Resident k containing buspirone 5mg. Found white pill by with the				

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-All medications should be administered after

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
		HAL001148	B. WING		04/1	? 2/2022
	PROVIDER OR SUPPLIER	2766 GRA	DRESS, CITY, S IND OAKS B TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 363	incorrect resident if unlabeled, and store-The facility did not medications in advarsal Interview with the A 9:29am revealed: -The facility follower preparation of medications should unless a resident well-Once a medication administered to the the Administrator administered immedications.	stration. uld be administered to the prepped in advance, ed on the medication cart. have a policy for preparing ance. dministrator on 03/28/22 at d the state rules in the cations in advance for d not be prepared in advance as leaving the facility. was prepared, it should be	D 363			
D 367	(j) The resident's m record (MAR) shall following: (1) resident's name (2) name of the me (3) strength and do: administered; (4) instructions for a or treatment; (5) reason or justific medications or treatment.	04 Medication Administration nedication administration be accurate and include the ; dication or treatment order; sage or quantity of medication administering the medication cation for the administration of tments as needed (PRN) and sulting effect on the resident; administration;	D 367			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:	· · · · · · · · · · · · · · · · · · ·		,
		HAL001148	B. WING			⋜ 12/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOUSE		ND OAKS B TON, NC 27	BOULEVARD 7215		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 367	omission, including (8) name or initials the medication or to signature equivaler documented and madministration records. This Rule is not medicated as a courate for 2 of 7 including inaccurate for 2 of 7 including inaccurate cholinesterase inhit documentation and bipolar (#8). The findings are: 1. Review of Resident revealed: -Diagnoses included visual hallucination anxiety disorderThere was an orded down memory loss function) 10mg at the Review of Resident medication administrated at 8:003/15/22	atments and the reason for the refusals; and, of the person administering reatment. If initials are used, a set to those initials is to be naintained with the medication and (MAR). Let as evidenced by: ions, record reviews and ity failed to ensure the on administration records were sampled residents (#7, #8) to documentation of a bitor (#7); and inaccurate anti-convulsant used for the domain with Lewy body, so, fatigue, insomnia, and the for donepezil (used to slow and improve cognitive bedtime. Let #7's March 2022 electronic stration record (eMAR) Let y for donepezil 10mg one re bed; the electronic entry	D 367			

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DIVISION	OI HEAITH SELVICE IN	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	₹
		HAL001148	B. WING		04/1	2/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
	105 1101105	2766 GRA	ND OAKS B	OULEVARD		
ALAMAN	ICE HOUSE	BURLING	TON, NC 27	215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 367	Continued From pa	ge 91	D 367			
	-There was docume	entation donepezil 10mg was 0pm from 03/16/22 to				
	hand on 03/23/22 a a morning multi-dos	ident #7's medications on t 10:50am revealed there was se pack available for morning multi-dose pack ezil 10mg.				
	Telephone Interview with a pharmacy technician from the facility's contracted pharmacy on 03/24/22 at 8:36am revealed donepezil 10mg tablet was packed in the morning multi-dose pack since 07/31/21.					
	at 10:18am reveale -She would compar multi-dose pack wit medications and sig -She did not notice morning dose pack administration on th -She did not sign of at the morning med	e medications in the h the eMAR, administer the gn off on the eMAR. the donepezil was in the and was scheduled for he eMAR for 8:00pm. If that she gave the donepezil lication pass; she did not signed that donepezil was				
	(SCC) on 03/24/22 -The MAs should comulti-dose pack wit -The MAs should accepted and docu- -The MAs should not pharmacy of any dismedications and en	dminister medications as ument on the eMAR. otify the SCC and the screpancies with dispensing of tries on the eMAR.				
	Telephone interview	with the Administrator on				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:	·		
		HAL001148	B. WING			२ 12/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAI	NCE HOUSE		AND OAKS B TON, NC 27	BOULEVARD 7215		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 367	03/28/22 at 9:29am -The MAs should of administered to the left the MAs were converted in the administered in the administered in the administered in the administered in the result of the pharmacy to have as in the morning the pharmacy to have as in the morning the pharmacy to have as a determined in the pharmacy to have as a determined in the pharmacy to have a series of the pharmacy to have a series of the pharmacy to have a determined in the pharmacy to have a series of the pharmacy to have a determined in the pharmacy to have a series of the pharmacy to have a series of the pharmacy to have a determined in the pharmacy to have a series of the pharmacy to have a determined in the pharmacy to have a dete	on revealed: ompare the medication being e eMAR. omparing medications as they onepezil would not have been e morning and documented as e evening. Should have noticed donepezil multi-dose pack and called ave it placed in the evening ions, interviews, and record ermined Resident #7 was not riew Resident #7's Primary P) on 03/25/22 at 3:00pm was ent #8's FL-2 dated 01/18/22 is included unspecified	D 367			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		HAL001148	B. WING			R 12/2022
	PROVIDER OR SUPPLIER	2766 GRA	DRESS, CITY, S IND OAKS BO TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 367	03/24/22 at 8:00pm medication was una Interview of the me at 10:15am reveale -She had documen divalproex 125mg b. The medication wa 03/24/22, on third s. Resident #8 receiv 125mg this am, 03/ Interview with the S(SCC) on 03/25/22 -She worked as the SCU on 03/23/22She documented administered divalp -She did not admini 8:00pm; the medicathe facility by the properties of the should have decause divalproex administration. Interview with the Pon 03/25/22 at 10:1 -She ordered divalp 03/17/22 for Reside -She was informed medication had not #8's pharmacyShe e-faxed a president of the should have decause divalproex administration.	ari, the exception was the available for administration. dication aide (MA) on 03/25/22 dicted the administration of by mistake. as delivered last night, hift. ded his first dose of divalproex 25/22 at 8:00am. Special Care Coordinator at 11:15am revealed: MA on second shift in the bon the eMAR that she broex 125mg at 8:00pm. dister divalproex 125mg at atton had not been delivered to harmacy. Socumented an exception awas not available for ent #8. Primary Care Provider (PCP) 8am revealed: Provider (PCP)	D 367			
	documenting that the administered since -Documenting a me	e the MAs had been ne medication was being 03/22/22. edication was administered hilable for administration could				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		_	,
		HAL001148	B. WING		04/1	2/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOUSE		ND OAKS B			
	0.0000000000000000000000000000000000000		TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 367	Continued From pa	ge 94	D 367			
	alter the way she wrote further orders.					
D 612	O3/28/22 at 9:29am -The MAs should be medication being at left the medication was administration the Mexception instead of was administeredThe eMARs should description of the merceive. Based on observation reviews it was determined interviewable.	e comparing compare the dministered to the eMAR. vas not available for MA should document an of documenting the medication d display an accurate nedications the residents ons, interviews, and record rmined Resident #7 was not 01 (c) Infection Prevention & emp)	D 612			
	PREVENTION AND (c) When a commutation been identified at the emerging infectious disease threat, the implementation of the policies and proceed published guidance if guidance or direct communicable disease outbreak or emerging have been issued in local health	D CONTROL PROGRAM nicable disease outbreak has ne facility or there is an s facility shall ensure he facility 's IPCP, related lures, and s issued by the CDC; however, tives specific to the sase ng infectious disease threat n writing by the NCDHHS or				

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NAME OF PROVIDER OR SUPPLIER ALAMANCE HOUSE TAG STREET ADDRESS, CITY, STATE, ZIP CODE 2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215 DEPRETED REACH DEPCICENCY MUST BE PRECEDED BY FULL PRETED RECLATION FOR LSC IDENTIFYING INFORMATION) D 612 Continued From page 95 This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), and the North Carolina Department of Health and Human Services (NC DHHS) were implemented and maintained to provide protection to the residents during the global coronavirus (COVID-19) pandemic as related to the screening of residents and the use of facemasks by staff. The findings are: 1. Review of the CDC Interim Infection Prevention and Control Recommendations to prevent SARs-CoV-2 spread in Nursing Homes dated 20/2/22/22 revealed residents should be evaluated daily for symptoms of COVID-19 and actively monitor residents for fever. Review of five residents' March 2022 electronic medication administration records (eMARs) revealed there was no documentation of temperature checks since 03/16/22. Interview with a medication aide (MA) on 03/23/22 at 10.27 am revealed: -There was an entry on the eMAR for the resident's temperature readings to be obtained daily.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER 2766 GRAND OAKS BOULEVARD BURLINGTON, NC 27215 (PAU) (EACH DESCISSION WISTS ER PERCEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG. D 612 Continued From page 95 This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), and the North Carolina Department of Health and Human Services (NC DHRS) were implemented and maintained to provide protection to the residents during the global coronavirus (COVID-19) pandemic as related to the screening of residents and the use of facemasks by staff. The findings are: 1. Review of the CDC Interim Infection Prevention and Control Recommendations to prevent SARs-CoV-2 spread in Nursing Homes dated 02/22/22 revealed residents should be evaluated daily for symptoms of COVID-19 and actively monitor residents for fever. Review of five residents March 2022 electronic medication administration records (eMARs) revealed there was no documentation of temperature exclusions should be evaluated from the eMAR for the resident's temperatures. -She did not know why the orders were removed from the eMAR to check resident's temperatures adaily. Interview with a second MA on 03/25/22 at 3.10pm revealed: -The review an entry on the eMAR for the resident's temperature readings to be obtained			HAL001148				
ALAMANCE HOUSE CACH DEFICIENCY MUST SEPRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST SEP PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX FACTOR PROVIDER'S PLAN OF CORRECTION PROVIDER PROVIDER'S PLAN OF CORRECTION PREFIX PROVIDER'S PLAN OF CORRECTION PREFIX PROVIDER'S PLAN OF CORRECTION PREFIX PREF	NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, S	STATE, ZIP CODE	,	
DURLINGTON, NC. 27215 SUMMARY STATEMENT OF DEFICIENCIES DEPRETED DEPRETED TAG CROCK DEFICIENCY MUST BE PRECEDED BY FULL TAG CROCKS-REFERENCED TO THE APPROPRIATE DATE				, ,	,		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 612 Continued From page 95 This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), and the North Carolina Department of Health and Human Services (NC DHHS) were implemented and maintained to provide protection to the residents during the global coronavirus (COVID-19) pandemic as related to the screening of residents and the use of facemasks by staff. The findings are: 1. Review of the CDC Interim Infection Prevention and Control Recommendations to prevent SARs-CoV-2 pread in Nursing Homes dated 02/22/22 revealed residents should be evaluated daily for symptoms of COVID-19 and actively monitor residents for fever. Review of five residents' March 2022 electronic medication administration records (eMARs) revealed there was no documentation of temperature checks since 03/16/22. Interview with a medication aide (MA) on 03/23/22 at 10.27am revealed. -The staff just recently stopped taking the resident's temperatures. -She did not know why the orders were removed from the eMAR to check resident's temperatures daily. Interview with a second MA on 03/25/22 at 3.10pm revealed. -There was an entry on the eMAR for the resident's temperature readings to be obtained	ALAWAN	ICE HOUSE	BURLING	STON, NC 27	215		
This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), and the North Carolina Department of Health and Human Services (NC DHHS) were implemented and maintained to provide protection to the residents during the global coronavirus (COVID-19) pandemic as related to the screening of residents and the use of facemasks by staff. The findings are: 1. Review of the CDC Interim Infection Prevention and Control Recommendations to prevent SARs-CoV-2 spread in Nursing Homes dated 02/22/22 revealed residents should be evaluated daily for symptoms of COVID-19 and actively monitor residents for fever. Review of five residents' March 2022 electronic medication administration records (eMARs) revealed there was no documentation of temperature checks since 03/16/22. Interview with a medication aide (MA) on 03/23/22 at 10:27am revealed: -The staff just recently stopped taking the resident's temperaturesShe did not know why the orders were removed from the eMAR to check resident's temperatures daily. Interview with a second MA on 03/25/22 at 3:10pm revealed: -There was an entry on the eMAR for the resident's temperature readings to be obtained	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE IE APPROPRIATE	COMPLETE
-The entry for daily temperature readings was no	D 612	This Rule is not me Based on record refacility failed to ensiguidance established Control (CDC), and Department of Heal DHHS) were impler provide protection to global coronavirus (related to the scree of facemasks by statement of the CD and Control Recommestates of the CD and C	et as evidenced by: views, and interviews, the ure recommendations and ed by the Centers for Disease the North Carolina Ith and Human Services (NC mented and maintained to o the residents during the (COVID-19) pandemic as ning of residents and the use aff. OC Interim Infection Prevention mendations to prevent d in Nursing Homes dated residents should be evaluated of COVID-19 and actively or fever. Itents' March 2022 electronic tration records (eMARs) no documentation of s since 03/16/22. dication aide (MA) on m revealed: ntly stopped taking the ures. why the orders were removed check resident's temperatures cond MA on 03/25/22 at y on the eMAR for the ure readings to be obtained				

Division of Health Service Regulation

STATE FORM 6899 05H211 If continuation sheet 96 of 105

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				ı	₹	
	HAL001148	B. WING		04/	12/2022	
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE			
ALAMANCE HOUSE		ND OAKS B TON, NC 27	OULEVARD 215			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
eMĀR in 2 weeksShe did not know we checks fell off the end-She had not screen remember the last till entering the building. She would check hed did not document hed. Telephone interview at 11:24am revealed. The resident's tempth this timeThe order to check no longer on the eM. The resident's tempth checked in a couple. He did not know who longer being obtained by the checked in two monuments. Another resident contemperature was checked every two words. A fifth resident had daily until a couple of know why they stoppevery day. Interview with the Storevealed:	ct; it had not been on the why the resident's temperature MAR. Ined in a while; she could not ime she screened before ct. It er temperature daily, but she er reading. It with a third MA on 03/28/22 ct. It peratures are not checked at resident's temperatures were IAR. It peratures have not been er of weeks. In the perature readings were ained. Idents on 03/25/22 from evealed: In perature had not been evealed: It perature had not been evealed. It perature had not been evealed.	D 612				

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AND DI AN OF CORRECTION . IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					F		
		HAL001148	B. WING		04/1	2/2022	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
ALAMAN	ICE HOUSE		TON, NC 27	OULEVARD 215			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
D 612	-The facility receive 03/16/22The email stated the decrease in COVID had been decided to screeningThe entry for resided ally temperature of the eMAR on 03/16 she did not know with screening on the eMAR of	d an email from corporate on nat since there had been a cases within the facilities it o stop resident's daily ent's daily screening including hecks was discontinued from //22. who discontinued the MAR. w with the Administrator on n revealed: was not sure if residents' daily being taken and documented. ould be checking residents' facility staff to check resident's why the staff had stopped temperatures. what the CDC guidelines what the company policy was ure checks but thought the hecks may have stopped a DC Interim Infection Prevention mendations for Healthcare uring the COVID-19 Pandemic evealed: asures were to be	D 612	BETTOLENOT)			

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STATE FORM 6899 05H211 If continuation sheet 98 of 105

AND DUAN OF CORRECTION IDENTIFICATION NUMBER		, ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		R		
		HAL001148	B. WING			2/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
ALAMAN	ICE HOUSE		ND OAKS B TON, NC 27	OULEVARD 215			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
D 612	-Fully vaccinated H when they were in a could encounter restraction Guidant Facilities dated 02/were not considere equipment (PPE) a Review of the facilities dated 01/04/2022 reveale -The policy was title COVID-19 vaccinate policyEmployees who we COVID-19 would be face coveringsAcceptable face of cover the nose and -Exceptions to weather an employee to ceiling walls and employee was eating Observation of the at 7:49am revealed required prior to ento Cover the nose and -The PCA opened to door to allow the sunot wearing a mask-The PCA continuer residents in the SC donning a mask.	CP should wear source control areas of the facility where they sidents. OHHS COVID-19 Infection be for Long-Term Care 10/22 revealed cloth masks dipersonal protective and should not be worn by staff. Ey's COVID-19 policy date directly and face covering and face covering are not fully vaccinated against a required to wear acceptable acceptable overings must completely mouth. Fing a face mask included was alone in a room with floor a closed door, or while the agor drinking. Facility's front door on 03/25/22 signage stating face mask try. Ersonal care aide (PCA) on a revealed: The Special Care Unit (SCU) proveyor to enter; the PCA was acceptable of the special Care Unit (SCU) proveyor to enter; the PCA was acceptable or the special Care Unit (SCU) proveyor to enter; the PCA was acceptable or the special Care Unit (SCU) proveyor to enter; the PCA was acceptable or the provention of the special Care Unit (SCU) proveyor to enter; the PCA was acceptable or the provention of the provention	D 612				
	Telephone interview 11:24am revealed:	wwith a PCA on 03/28/22 at					

Division of Health Service Regulation

STATE FORM 6899 05H211 If continuation sheet 99 of 105

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
		HAL001148	B. WING		F 04/1	2/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ALAMAN	ICE HOUSE		ND OAKS B				
			TON, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
D 612	Continued From pa	ge 99	D 612				
	morning, 03/23/22 a -He had worked thin leave when he was with breakfastHe would take his SCUHe walked to the bout, walked through the building through the facility without a -The Special Care (Resident Care Coo anything to the staff -The Administrator were not wearing a mask correctlyThe surgical mask	rd shift and had prepared to asked to stay over and help mask off before leaving the ack of the building to clock the dining room and exited the front door when leaving mask. Coordinator (SCC) and the rdinator (RCC) would not say about wearing a mask, would speak to the staff if they mask or not wearing the					
	-The surgical mask should cover the nose and mouth when wearing it correctly. Observation of a medication aide (MA) on 03/23/22 at 8:01am revealed: -She was standing at the medication cart preparing medications for administrationThe medication cart was in the hallway next to the opened dining roomThe MA was not wearing a mask while preparing medications for administrationThe MA retrieved and donned a mask from the desk when surveyor entered the SCU. Interview with a MA on 03/25/22 at 3:10pm revealed: -She wore a mask when she was providing resident careShe would pull the mask down below her chin when she was by herselfShe forgot to put a mask on Wednesday morning, 03/25/22, when she came to work.						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
HAL001148			B. WING			R 12/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE	·	
ALAMAN	ICE HOUSE		AND OAKS BO			
0(4) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF COR	DDECTION	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
D 612	Continued From pa	ge 100	D 612			
	clock in and walk to a maskThe correct way to cover the mouth an	the back of the building and the SCU to retrieve and don wear a surgical mask was to				
	8:31am revealed her mask was under her chin with mouth and nose exposed.					
	Observation of dietary staff on 08/23/22 at 8:04am revealed: -She was in the kitchen prepping breakfast mealHer mask was under her chin; her mouth and nose were exposed.					
	8:10am revealed th	nurse's station on 03/23/22 at ere was a box of 50 surgical available to the staff.				
		econd MA on 03/23/22 at ask under her chin with mouth				
	9:46am to 9:53am r	second MA on 03/23/22 at revealed her mask was under and nose exposed.				
	Observation of a maintenance personal on 03/23/22 at 8:44am revealed his mask was under his chin with his mouth and nose exposed.					
		housekeeper on 03/23/22 at er mask was under her chin se exposed.				
	12:35pm to 12:41pr	CA on 03/23/22 between m revealed she pulled her her chin twice to speak to				

6899

AND DIAN OF CORRECTION IN IMPER		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL001148	B. WING		04/1	? 2/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	-
ALAMAN	ICE HOUSE		ND OAKS B TON, NC 27	OULEVARD 215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 612	Continued From pa	ge 101	D 612			
	another staff membership the SCU dining room	er while feeding a resident in m				
	-	econd PCA on 03/25/22 at ne was wearing a cloth mask e SCU.				
	3:45pm revealed: -Today was the first maskShe had not been maskShe knew there we the facility.	econd PCA on 03/25/22 at day she had worn a cloth told she could not wear a cloth ere surgical masks provided by housekeeper on 03/23/22 at				
	8:50am revealed he with mouth and nos	er mask was under her chin ee exposed.				
	Observation of a PCA on 03/23/22 between 12:35pm to 12:41pm revealed she pulled her mask down below her chin twice to speak to another staff member while feeding a resident in the SCU DR.					
	Observation of a second PCA on 03/25/22 at 3:45pm revealed she was wearing a cloth mask while working in the SCU.					
	2:47pm to 3:43pm r -Most staff wore the -She saw some of t all. -Not every staff wor -Sometimes the sta chin.	eir mask most of the time. he staff wearing mask but not				
		f the staff were to wear mask				

Division of Health Service Regulation

STATE FORM 6899 05H211 If continuation sheet 102 of 105

OTATEMENT OF DEFICIENCIES (VA) PROVIDER/OURRIJER/OUA		(VO) MULTIPL	E CONCEDUCTION	(V2) DATE	CLIDVEV		
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
					F		
		HAL001148	B. WING		04/1	2/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY. S	STATE, ZIP CODE			
			, ,	OULEVARD			
ALAMAN	CE HOUSE		TON, NC 27				
040.15	CLIMMA DV CTA		1		DNI .	()(5)	
(X4) ID PREFIX		TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE	
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP		DATE	
				DEFICIENCY)			
D 612	Continued From pa	ge 102	D 612				
2 0	Continuou i rom pu	90 102					
		00/05/00 4.0.40					
		on 03/25/22 at 3:10pm					
	revealed:	when the was providing					
	resident care.	when she was providing					
		mask down below her chin					
	when she was by h						
		mask on Wednesday					
		when she came to work.					
		available to the staff; they were					
	located at the nurse						
	-She would enter th	e back of the building and					
	clock in and walk to	the SCU to retrieve and don					
	a mask.						
		ned in a while; she could not					
		ime she screened before					
	entering the building						
		er temperature daily, but she					
	did not document h	er reading. wear a surgical mask was to					
	cover the mouth an						
	COVEL THE HIDUTH ALL	u 11036.					
	Interview with the so	econd PCA on 03/25/22 at					
	3:45pm revealed:						
	•	day she had worn a cloth					
	mask.	•					
	-She had not been	told she could not wear a cloth					
	mask.						
		ere surgical mask provided by					
	the facility.						
	Intonious with E ===	idente en 02/25/22 frans					
		idents on 03/25/22 from					
	2:47pm to 3:43pm i	revealed: staff wear their mask most of					
	the time.	otan wear then mask most of					
		aw some of the staff wearing					
	mask but not all.	aw some of the stall wearing					
		not see every staff wear a					
	mack	not 500 overy stan wear a					

Division of Health Service Regulation

-A fourth resident saw staff wear their mask

STATE FORM 6899 05H211 If continuation sheet 103 of 105

DIVISION	of Health Service Re	guiation					
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
					F	,	
		UAI 004440	B. WING				
		HAL001148			1 04/1	2/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
		2766 GRA	ND OAKS B	OULEVARD			
ALAMAN	ICE HOUSE	BURLING	TON, NC 27	215			
(X4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION)N	(X5)	
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE	
				DEFICIENCY)			
D 612	Continued From pa	ge 103	D 612				
	·	go 100					
	below their chin.						
		v some staff wear a mask but					
		not know if the staff were to					
	wear mask or not.						
		CC on 03/25/22 at 2:50pm					
	revealed:						
		orn by staff daily; the mask					
	should cover their n						
		their mask while eating and					
	when in an office al						
		the staff to wear their mask					
	and wear them corr						
		e of the current CDC					
	guidelines.						
		wwith the Administrator on					
	03/28/22 at 11:13ar						
		ould wear a surgical mask in					
	the facility, except v						
		should cover the nose and					
	mouth when worn o						
		f to place the surgical mask					
		mouth when she saw it worn					
	incorrectly.						
		hat employees were not					
	wearing mask.						
		eased chance in spreading					
		if the mask were not worn					
	when in the facility.						
		ollowing policy if they were not					
	wearing their mask	when in the facility					
D912	G.S. 131D-21(2) De	eclaration of Residents' Rights	D912				
		laration of Residents' Rights					
		I have the following rights:					
		and services which are					
	adequate, appropria	ate, and in compliance with					

AND BLAN OF CORRECTION . IDENTIFICATION NUMBER:					SURVEY LETED	
	HAL001148				04/1	? 2/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	•	
ALAMAN	ICE HOUSE		ND OAKS B TON, NC 27	OULEVARD 215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D912	relevant federal and regulations. This Rule is not me Based on observatireviews, the facility received care and sappropriate and in offederal and state larelated to medication. The findings are: Based on observatireviews, the facility medications as ordered; and state larelated to medication (#6) and including errors with medication (#6) and loss (#7); and for 5 record review including errors with medication (#3); medication, and a todementia (#5); three anti-depressant and a stool softenered medication used to [Refer to Tag D 035]	et as evidenced by: ons, interviews and record failed to ensure residents ervices which were adequate, compliance with relevant ws and rules and regulations on administration. ons, interviews, and record failed to administer ered for 2 of 7 residents (#6, g the morning medication pass in the administration of a pain d a medication for memory of 7 sampled residents for ding errors with a medication	D912			

6899

STATE FORM: REVISIT REPORT									
	R / SUPPLIER / CLIA CATION NUMBER	/ MULTIPLE CON A. Building	ISTRUCTIO	N				DATE C	F REVISIT
HAL0011	40	B. Wing					Y2 '	4/12/20)22 _{Y3}
NAME OF	FACILITY				STREET ADDRESS, C	CITY, STATE	, ZIP CODE		
ALAMAN	CE HOUSE				2766 GRAND OAKS B				
					BURLINGTON, NC 27				
corrective	e action was accom tion prefix code pre	plished. Each def	iciency sho	ould be fully iden	reviously reported tha tified using either the efix codes shown to t	regulation	or LSC provision	numbe	er and the
ITEN	И	DATE	ITEM		DATE	ITEM			DATE
Y4		Y5	Y4		Y5	Y4			Y5
"									
D Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction
	10A NCAC 13F .0407 (5)	^(a) Completed	Reg. #	10A NCAC 13F .1	005(a) Completed	Reg.#	10A NCAC 13F .10	006(a)	Completed
_SC		03/10/2022	LSC		03/10/2022	LSC			03/10/2022
			_						
D Prefix	D932	Correction	ID Prefix		Correction	ID Prefix			Correction
Reg.#	G.S. 131D-4.4A (b)	Completed	Reg.#		Completed	Reg.#			Completed
_SC		03/10/2022	LSC		Completed	LSC			Completed
	_					100			
D Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction
Reg.#		Completed	Reg. #		Completed	Reg. #			Completed
_SC			LSC			LSC			
D Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction
Reg.#		Completed	Reg.#		Completed	Reg.#			Completed
_SC			LSC			LSC			
D Prefix		Correction	ID Prefix		Correction	ID Prefix			Correction
Reg.#		Completed	Reg. #		Completed	Reg.#			Completed
_SC			LSC			LSC			
REVIEWE STATE AC		IEWED BY TALS)	DATE	SIGNATU	RE OF SURVEYOR	1	I	DATE	
REVIEWE CMS RO		IEWED BY TALS)	DATE	TITLE				DATE	
FOLLOWUP TO SURVEY COMPLETED ON					CORRECTED DEFICIENCIES (CMS-2567)			YES	s 🗆 no

Page 1 of 1 EVENT ID: BSJL13